## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

## DOCUMENT # N19760

1. Entity Name

Principal Place of Business

Suite, Apt. #, etc.

## CENTRAL PARK NORTH AT JACARANDA MASTER ASSOCIATION, INC.

% J & L PROPERTY MANAGEMENT, INC.
10191 W. SAMPLE BLVD., SUITE 203
CORAL SPRINGS FL 33065

2. Principal Place of Business
3. Mailing Address

CORAL SPRINGS FL 33065						
	3. Mailing Address					
	Suite, Apt. #, etc.					

## FILED Mar 22, 2004 8:00 am Secretary of State

03-22-2004 90038 040 \*\*\*\*61.25

54020911.

MOORE CR2E037 (11/03)

City & Stat	e	City &	City & State			4. FEI Number 65 0010010				pplied For	
			<del></del>				65-0012313	·	No	ot Applicable	
Zip Country Zi				Country		5. Certificate of	Status Desired		<b>8.75</b> Addee Require		
	6. Name and Address of C		7. Name and Address of New Registered Agent								
CALDERAZZO, JAMES 10191 W. SAMPLE RD.					Name Street Address (P.O. Box Number is Not Acceptable)						
COF	TAL SPRINGS FL 3300	City				FL	Zip Cod	te			
	named entity submits this stater ions of registered agent.	ment for the purpose	of changing its re	gistered office o	r registere	ed agent, or both,	in the State of Flo	rida. I am fa	miliar with,	, and accept	
SIGNATURE -	Signature, typed or printed name of register	ed agent and title if applical	ole. (NOTE: R	egistered Agent signa	ture required t	when reinstating)		DATE			
	FILE NOW: FEE IS \$61.2 Due By May 1, 2004	5	9. Election Campa Trust Fund Cor			\$5.00 May Be Added to Fees		ke Check la Departr	-		
10.	OFFICERS A	ND DIRECTORS	-	11,	A	DDITIONS/CHAN	NGES TO OFFICE	RS AND DIRE	CTORS IN	V 10	
TITLE NAME STREET ADDRESS	VD TERRANOVA, PAM 9344 NW 8 CIRCLE		Delete	TITLE NAME STREET ADDRESS	D CHAI	POELA	INE, JA 940ct CON, EC	ck	Change	Addition	
CITY-ST-ZIP	PLANTATION FL 33324			CITY-ST-ZIP	95	13 NO	TO A) E	333	24		
TITLE NAME STREET ADDRESS	VD HORWITT, JAY 9568 NW 9TH CT PLANTATION FL 33324		Delete	TITLE NAME STREET ADDRESS	D WRI	CHT. THE	,		☐ Change	►Addition	
CITY - ST - ZIP	D			CITY-ST-ZIP	108	BNIAF	BD, FL.	<b>333</b>	24		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BERNHAD, SHERRY 878 NW 99 AVE PLANTATION FL 33324		☐ Delete	TITLE NAME  STREET ADDRESS CITY-ST-ZIP	105 92	S, WILL	IAM DL.		☐ Change	Addition .	
		<del></del>			PL	MNTATIO	ON, FL.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
THLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
				· · · · · · · · · · · · · · · · · · ·							

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or hystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Da

Daytime Phone #