

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90366 011 ****61.25

DOCUMENT # N19760

1. Entity Name

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



Principal Place of Business

Mailing Address

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

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

65-0012313

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERAZZO, JAMES
10191 W. SAMPLE RD.
SUITE 203
CORAL SPRINGS FL 33065

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CHAPDELAINE, JACK**
STREET ADDRESS **9513 NW 9TH CT**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **WELSH, BRIAN**
STREET ADDRESS **701 NW 91ST TER**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **FADICK, GREG**
STREET ADDRESS **812 NW 99 AVE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D/VP** ☐ Delete
NAME **HANSEN, NINA**
STREET ADDRESS **9614 8TH CIRCLE**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Delete
NAME **VOSI, WILLIAM**
STREET ADDRESS **9215 NW 9TH PL**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **AI** ☐ Change ☒ Addition
NAME **JAY HORWITT QIV**
STREET ADDRESS **9568 NW 9 CT**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **S/D** ☐ Change ☒ Addition
NAME **Robert Viands**
STREET ADDRESS **9938 NW 9 CT**
CITY-ST-ZIP **Plantation FL 33324**

TITLE **T/D** ☐ Change ☒ Addition
NAME **Barry Hubbard**
STREET ADDRESS **855 SW 78 ave**
CITY-ST-ZIP **Plantation FL 33324**

TITLE **D** ☐ Change ☐ Addition
NAME **Joseph Konna**
STREET ADDRESS **9226 NW 9 CT**
CITY-ST-ZIP **Plantation FL 33324**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 trustee 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:

Michelle Gress