


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N24807 1. Entity Name THE JACARANDA PARK OF COMMERCE ASSOCIATION, INC.	
---	---

Principal Place of Business C/O GRUBB & ELLIS MANAGEMENT SERVICES 2385 NW EXECUTIVE CENTER DRIVE #150 BOCA RATON, FL 33431 US	Mailing Address C/O GRUBB & ELLIS MANAGEMENT SERVICES 2385 NW EXECUTIVE CENTER DRIVE #150 BOCA RATON, FL 33431 US
--	--



01122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0093180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRUBB & ELLIS MANAGEMENT SERVICES, INC
2385 NW EXECUTIVE CENTER DRIVE
SUITE 150
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LINNEMEIER, MARK C 3480 PRESTON RIDGE ROAD #575 - ISTAR ALPHARETTA, GA 300005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE LYONS, JIM 1601 SW 80TH TERRACE - BROADSPIRE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC TURRY, RACHEL 8200 PETERS RD - TEMPLE KOL AMI PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000598615
01/24/07-80083-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Rachel Turry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-07 954-472-1988
Date Daytime Phone #