FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:16

DOCUMENT # N26774 (2)

1. Corporation Name

ARBOR COURTS AT JACARANDA ASSOCIATION, INC.

Principal Place of Business	Mailing Address
10191 WEST SAMPLE ROAD SUITE 205B CORAL SPRINGS FL 33065	10191 WEST SAMPLE ROAD SUITE 205B CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1988
3a. Date of Last Report: 04/08/1994
4. FEI Number: 65-0090373 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALDERAZZO, JAMES
10191 WEST SAMPLE RD.
SUITE 400
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	Roberta Tivin D ☒ Change ☐ Addition
NAME	TIVIN, ELLIOT	1.2 NAME	
STREET ADDRESS	586 NW 97TH AVE	1.3 STREET ADDRESS	586 NW 97th ave
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	VSP	2.1 TITLE	Eric Wilson P/D ☒ Change ☐ Addition
NAME	HYMAN, BERNICE	2.2 NAME	
STREET ADDRESS	565 N.W. 97TH AVE.	2.3 STREET ADDRESS	552 NW 97th ave
CITY-ST-ZIP	PLANTATION FL	2.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D	3.1 TITLE	Anthony Sousa D ☒ Change ☐ Addition
NAME	KENTON, MARYANN	3.2 NAME	
STREET ADDRESS	592 NW 97TH AVE	3.3 STREET ADDRESS	513 NW 98th ave
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	Plantation, FL 33324
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	TOBIN, SCOTT	4.2 NAME	
STREET ADDRESS	500 NW 98TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SEVALDSON, BRAD	5.2 NAME	
STREET ADDRESS	516 NW 97TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33324	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 with changes or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Internal Control #

000R740