

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90061 042 ****61.25

0019654

DOCUMENT # N26774

1. Entity Name

ARBOR COURTS AT JACARANDA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O J&L PROPERTY MGMT., INC.
 10191 W. SAMPLE ROAD
 CORAL SPRINGS FL 33065

C/O J&L PROPERTY MGMT., INC.
 10191 W. SAMPLE ROAD
 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

4. FEI Number

65-0090373

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 WEST SAMPLE RD.
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.

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

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Delete
 NAME **ABRAMSON, LILIANA**
 STREET ADDRESS **566 N.W. 97TH AVENUE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PD** ☐ Change ☒ Addition
 NAME **MAY, Gregory**
 STREET ADDRESS **546 NW 97 AVE**
 CITY-ST-ZIP **Plantation FL**

TITLE **D** ☒ Delete
 NAME **GREY, SONIA**
 STREET ADDRESS **561 N.W. 97TH AVENUE**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Kraut, Natalie**
 STREET ADDRESS **524 NW 97 AVE**
 CITY-ST-ZIP **Plantation FL**

TITLE **TD** ☒ Delete
 NAME **LANZAS, DONNA**
 STREET ADDRESS **562 N.W. 97TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

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

TITLE **VPD** ☐ Delete
 NAME **LEMAIRE, CAROLYN**
 STREET ADDRESS **540 NW 97TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **SD** ☒ Change ☐ Addition
 NAME **LEMAIRE, CAROLYN**
 STREET ADDRESS **540 NW 97 AVE**
 CITY-ST-ZIP **Plantation FL**

TITLE **SD** ☒ Delete
 NAME **SANDI, ALLISON**
 STREET ADDRESS **542 N.W. 97TH AVE.**
 CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **D** ☐ Change ☒ Addition
 NAME **Rosenberg, Ellen**
 STREET ADDRESS **591 NW 98 AVE**
 CITY-ST-ZIP **Plantation FL**

TITLE ☐ Delete
 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 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 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:

SIGNATURE REQUIRED

2/23/02

954-249-3783

CR2E037 (9/01)