

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

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90012 047 ****61.25

DOCUMENT # N26774

1. Entity Name

ARBOR COURTS AT JACARANDA ASSOCIATION, INC.



Principal Place of Business

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

Mailing Address

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. 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, 2004

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 SD ☐ Delete
NAME SMYTH, MARSHA
STREET ADDRESS 566 NW 97 AVE.
CITY-ST-ZIP PLANTATION FL

TITLE D ☐ Delete
NAME MUSHEN, BOB
STREET ADDRESS 580 NW 97 AVE.
CITY-ST-ZIP PLANTATION FL

TITLE D ☐ Delete
NAME KAPLEN, HERBERT
STREET ADDRESS 504NW 98 AVE.
CITY-ST-ZIP PLANTATION FL

TITLE VPT ☒ Delete
NAME SCHWARTZ, STEPHEINE
STREET ADDRESS 532 NW 987 AVE.
CITY-ST-ZIP PLANTATION FL 33324

TITLE T ☐ Delete
NAME CONNOUGHTO, SUE
STREET ADDRESS 535 NW 98TH AVE.
CITY-ST-ZIP PLANTATION FL

TITLE T ☒ Delete
NAME HENNES, LOSS
STREET ADDRESS 586 NW 98TH AVE.
CITY-ST-ZIP PLANTATION FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☒ Addition
NAME *Pamela Toms*
STREET ADDRESS *507 NW 98 Ave*
CITY-ST-ZIP *Plantation, FL*

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

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

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 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:

Natalie Rawlings Kraut

3/2/4 951973477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #