


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2005 08:00 AM
Secretary of State

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
------------	----------------	------------	----------------


1st MOORE CR2E037 (10/04)

4. FEI Number 65-0090373	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent CALDERAZZO, JAMES 10191 WEST SAMPLE RD. CORAL SPRINGS FL 33065	7. Name and Address of New Registered Agent 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, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE SD <input type="checkbox"/> Delete	NAME SMYTH, MARSHA STREET ADDRESS 566 NW 97 AVE. CITY- ST- ZIP PLANTATION FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	02/12/05-80047-011 \$1.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete	NAME MUSHEN, BOB STREET ADDRESS 580 NW 97 AVE. CITY- ST- ZIP PLANTATION FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete	NAME KAPLEN, HERBERT STREET ADDRESS 504NW 98 AVE. CITY- ST- ZIP PLANTATION FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P <input type="checkbox"/> Delete	NAME KRANT, NATALIE STREET ADDRESS 524 NW 97THA VE. CITY- ST- ZIP PLANTATION FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE I <input type="checkbox"/> Delete	NAME CONNOUGHTO, SUE STREET ADDRESS 535 NW 98TH AVE. CITY- ST- ZIP PLANTATION FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D <input type="checkbox"/> Delete	NAME PANDA, TOMES STREET ADDRESS 507 NW 98 AVE. CITY- ST- ZIP PLANTATION FL	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	2/11/5 9545604082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #