

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90247 025 \*\*\*\*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
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1st MOORE CR2E037 (10/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>65-0090373</b>		Applied For <input type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Zip	Country	Zip	Country	Name		Street Address (P.O. Box Number is Not Acceptable)
				City		FL Zip Code

6. Name and Address of Current Registered Agent <b>CALDERAZZO, JAMES 10191 WEST SAMPLE RD. CORAL SPRINGS FL 33065</b>		7. Name and Address of New Registered Agent	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMYTH, MARSHA 566 NW 97 AVE. PLANTATION FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Gruber 504 NW 97 AVE Plantation, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSHEN, BOB 580 NW 97 AVE. PLANTATION FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lourdes Gomez 582 NW 97 AVE Plantation, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAPLEN, HERBERT 504NW 98 AVE. PLANTATION FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Seth Kaplan 545 NW 97 AVE Plantation, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KRANT, NATALIE 524 NW 97THA VE. PLANTATION FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tren. Chris Kirchdoerffer 550 NW 97 AVE Plantation, FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONNOUGHTO, SUE 535 NW 98TH AVE. PLANTATION FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PANDA, TOMES 507 NW 98 AVE. PLANTATION FL <input checked="" type="checkbox"/> Delete	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 exemptions contained in Section 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:** **MARK GRUBER** 3/3/2008