

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 007 ****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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/07)

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, 2008

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 NAME ☐ Delete
GRUBER, MARK
STREET ADDRESS 564 NW 97TH AVE
CITY- ST- ZIP PLANTATION FL

TITLE NAME ☐ Delete
GOMEZ, LOURDES
STREET ADDRESS 592 NW 97TH AVE
CITY- ST- ZIP PLANTATION FL

TITLE NAME ☒ Delete
VP ESCALANTE, LISA
STREET ADDRESS 527 NW 98TH AVE.
CITY- ST- ZIP PLANTATION FL

TITLE NAME ☒ Delete
KIRCHDOERFFEE, CHRIS
STREET ADDRESS 550 NW 98TH AVE
CITY- ST- ZIP PLANTATION FL

TITLE NAME ☐ Delete
FLOHR, WALTER
STREET ADDRESS 514 NW 97TH AVE.
CITY- ST- ZIP PLANTATION FL

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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STREET ADDRESS
CITY- ST- ZIP

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

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:

[Handwritten Signature]

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR