

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-03-2003 90322 003 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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

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

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	DP	NAME	MAY, GREGORY	STREET ADDRESS	548 NW 97 AVE	CITY-ST-ZIP	PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE	DP	NAME	KRAUT, NATALIE	STREET ADDRESS	524 NW 97 AVE	CITY-ST-ZIP	PLANTATION FL	<input type="checkbox"/> Delete
TITLE	D	NAME	ROSENBERG, ELLEN	STREET ADDRESS	591 NW 98TH AVE	CITY-ST-ZIP	PLANTATION FL	<input checked="" type="checkbox"/> Delete
TITLE	SD	NAME	LEMAIRE, CAROLYN	STREET ADDRESS	540 NW 97TH AVE.	CITY-ST-ZIP	PLANTATION FL 33324	<input checked="" type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	NAME	Marsha Smyth	STREET ADDRESS	566 NW 97 AVE	CITY-ST-ZIP	PLANTATION FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	Bob Mosher	STREET ADDRESS	580 NW 97 AVE	CITY-ST-ZIP	PLANTATION FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	NAME	Herbert Kaplan	STREET ADDRESS	604 NW 98 AVE	CITY-ST-ZIP	PLANTATION FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DP	NAME	Stephaine Schwartz	STREET ADDRESS	532 NW 98 AVE	CITY-ST-ZIP	PLANTATION FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T	NAME	Sue Connaughto	STREET ADDRESS	535 NW 98 AVE	CITY-ST-ZIP	PLANTATION FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	T	NAME	Lori Henne	STREET ADDRESS	566 NW 98 AVE	CITY-ST-ZIP	PLANTATION FL	<input type="checkbox"/> Change <input checked="" 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:

Natalie Kraut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/03

Date

Daytime Phone #

CR2E037 (10/02)