


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

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90038 040 ****61.25

DOCUMENT # N29439					
1. Entity Name JACARANDA POINTE MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business % J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD., #205B CORAL SPRINGS FL 33065 US			Mailing Address % J & L PROPERTY MGMT., INC. 10191 W. SAMPLE RD., #205B CORAL SPRINGS FL 33065 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip			3. Mailing Address Suite, Apt. #, etc. City & State Zip		
Country			Country		
4. FEI Number 65-0095173 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 W. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					



1st MOORE CR2E037 (10/05)

FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUSBANDS, CORNELIA		NAME	Shaun Snyder	
STREET ADDRESS	9528 NW 8 CIRCLE		STREET ADDRESS	9602 NW 8th Cir	
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP	Plantation FL 33324	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOUT, SHIRLEY		NAME		
STREET ADDRESS	9446 NW 8TH CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSSLEY, STEPHANIE		NAME		
STREET ADDRESS	9324 NW 8 CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		CITY-ST-ZIP		
TITLE	Nina Hansen	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Nina Hansen		NAME		
STREET ADDRESS	9614 NW 8th Cir		STREET ADDRESS		
CITY-ST-ZIP	Plantation FL 33324		CITY-ST-ZIP		
TITLE	DEBRA HANSEN	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEBRA HANSEN		NAME		
STREET ADDRESS	9614 NW 8th Cir		STREET ADDRESS		
CITY-ST-ZIP	Plantation FL 33324		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Boatley Husbands		NAME		
STREET ADDRESS	9528 NW 8th Cir		STREET ADDRESS		
CITY-ST-ZIP	Plantation FL 33324		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: Shirley M. Stout