

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N29439

1. Entity Name

JACARANDA POINTE MAINTENANCE ASSOCIATION,
INC.



Principal Place of Business

Mailing Address

% J & L PROPERTY MGMT., INC.
10191 W. SAMPLE RD., #205B
CORAL SPRINGS FL 33065
US

% J & L PROPERTY MGMT., INC.
10191 W. SAMPLE RD., #205B
CORAL SPRINGS FL 33065
US



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

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0095173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALDERAZZO, JAMES
10191 W. SAMPLE RD.
CORAL SPRINGS FL 33065

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, 2007

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	VP	<input type="checkbox"/> Delete
NAME	HUSBANDS, CORNELIA	
STREET ADDRESS	9528 NW 8 CIRCLE	
CITY-STATE-ZIP	PLANTATION FL 33324	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STAUT, SHIRLEY	
STREET ADDRESS	9446 NW 8TH CIRCLE	
CITY-STATE-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSSLEY, STEPHANIE	
STREET ADDRESS	9324 NW 8 CIRCLE	
CITY-STATE-ZIP	PLANTATION FL 33324	
TITLE	T	<input type="checkbox"/> Delete
NAME	HANSON, NINA	
STREET ADDRESS	9614 NW 8TH CIR	
CITY-STATE-ZIP	PLANTATION FL 33324	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANSEN, DEBRA	
STREET ADDRESS	9614 NW 8TH CIR	
CITY-STATE-ZIP	PLANTATION FL 33324	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUSBANDS, BORTLEY	
STREET ADDRESS	9528 NW 8TH CIRCLE	
CITY-STATE-ZIP	PLANTATION FL 33324	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000708876
STREET ADDRESS	04/24/07-80133-002 61.25
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-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. Staut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Power of Attorney