

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90098 020 \*\*\*\*61.25

**60028704**



03242006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # N31789</b> 1. Entity Name <b>THE WINDS AT JACARANDA HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business <b>8360 W OAKLAND PARK BLVD 301 SUNRISE, FL 33351 US</b>			Mailing Address <b>PO BOX SUNRISE, FL 33345-2199 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>PO BOX 452199</b>  Suite, Apt. #, etc.			
City & State  Zip		City & State <b>Sunrise, FL</b> Zip <b>33345-2199</b>		4. FEI Number <b>65-0365353</b>	
Country <b>Broward</b>		Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JENNINGS &amp; VALANCY, P.A. 311 SE 13TH STREET ATTN: STEVEN S. VALANCY FORT LAUDERDALE, FL 33316</b>				7. Name and Address of New Registered Agent Name <b>Bakalar &amp; Eichner, PA</b> Street Address (P.O. Box Number is Not Acceptable) <b>150 South Pine Island Road # 540</b>  City <b>Plantation</b> <b>FL</b> Zip Code <b>33324</b>	
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 <b>Zenia Perez, Director/President</b> <b>4/1/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SHCILLING, RUSSELL L 10969 W BROWARD BLVD. PLANTATION, FL 33324	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PETTIT, DAVIO 10951 W BROWARD BLVD. PLANTATION, FL 33324	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Tara Zdanowicz 10983 W. Broward Blvd. Plantation, FL 33324	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACKSON, KEITH 10973 W BROWARD BLVD. PLANTATION, FL 33324	<input 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	DP PEREZ, ZENIA 10903 W. BROWARD BLVD PLANTATION, FL 33324	<input 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 SHEA, RICHARD 10915 W BROWARD BLVD. PLANTATION, FL 33324	<input 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	. . .	<input 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 Chapter 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: <b>Zenia Perez, Director/President</b> <b>4/1/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					