## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000004451

FILED Apr 30, 2007 Secretary of State

Entity Name: THE LAKES OF JACARANDA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
PROGRESSIVE COMMUNITY MGMT, INC. 1801 GLENGARY STREET SARASOTA, FL 34231 US				KEYS-CALDWELL, INC. 1162 INDIAN HILLS BLVD VENICE, FL 34293 US			
Current Mailing Address:				New Mailing Address:			
1801 GLEN	SIVE COMMU GARY STREE A, FL 34231			KEYS-CAL 1162 INDIA VENICE, FI	N HILLS BI		
FEI Number:	65-0449241	FEI Number Applied For ( )	FEI Nur	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:		Name and	Address o	of New Registered Agent:	
1801 GLEN SARASOT <i>I</i>	GARY STREE A, FL 34231	US		KEYS-CAL 1162 INDIA VENICE, FI	N HILLŚ BI L 34293	LVD US	
The above in the State		ubmits this statement for the p	ourpose c	of changing it	s registered	d office or registered agent, or both,	
SIGNATURE: JAMES S. KRAUT				04/30/2007			
	Electroni	c Signature of Registered Age	ent			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SD () CUSUMANO, GU 557 LAUREL CH VENICE, FL 34:	IERRY LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () HAFER, STEVEI 830 WOOD SOF VENICE, FL 34	RREL LANE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	TD () MEINTS, WILLIA 752 SILK OAK D VENICE, FL 34	DR .		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () WELTZIEN, BEV 829 DAHOON C VENICE, FL 34	IRCLE		Title: Name: Address: City-St-Zip:	VD FAHEY, GRI 829 DAHOO VENICE, FL	N CIRCLE	
Title: Name: Address: City-St-Zip:	AS () MARKEL, JIM 1801 GLENGAR SARASOTA, FL			Title: Name: Address: City-St-Zip:	D GIONET, ED 175 BRAEM VENICE, FL	IAR AVE	
Title: Name: Address: City-St-Zip:	AT (X) SUTTON, WILLI 1801 GLENGAR SARASOTA, FL	Y STREET		Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUY CUSUMANO SD 04/30/2007