

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004698

1. Entity Name

JENADA ISLE HOMEOWNERS ASSOC., INC.



Principal Place of Business

2819 NORTHWEST 12TH AVE.
WILTON MANORS FL 33311

Mailing Address

2819 NORTHWEST 12TH AVE.
WILTON MANORS FL 33311

2. Principal Place of Business

1116 NW 29 Court

Suite, Apt. #, etc.

3. Mailing Address

1116 NW 29 Court

Suite, Apt. #, etc.

City & State

Wilton Manors, FL

City & State

Wilton Manors, FL

Zip

33311

Country

Zip

33311

Country

4. FEI Number

65-0614268

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE J. SPIEGEL, CHARTERED
343 ALMERIA AVE.
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Mike Lukasievich

Address (P.O. Box Number is Not Acceptable)

1720 Harrison Street, Suite 18A

Hollywood, FL

33020

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

080101

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEARDEN, RALPH	
STREET ADDRESS	2819 NORTHWEST 12TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUKASIEVICH, MICHAEL	
STREET ADDRESS	2819 NORTHWEST 12TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOLENSKI, GERALD J JR.	
STREET ADDRESS	2819 NORTHWEST 12TH AVE.	
CITY-ST-ZIP	WILTON MANORS FL 33311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Lukasievich	
STREET ADDRESS	1116 NW 29 Ct	
CITY-ST-ZIP	Wilton Manors, FL	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Parr	
STREET ADDRESS	Same as above	
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brenda J. Clanton	
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Jones	
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Brenda J. Clanton

BRENDA J. CLANTON

080101

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90016 024 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)