


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90231 017 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000995					
1. Corporation Name FOUNTAINS/SOMERSET AT JACARANDA MASTER ASSOCIATI ON, INC.					
Principal Place of Business 8000 PETERS RD. PLANTATION FL 33324			Mailing Address 8000 PETERS RD. PLANTATION FL 33324		



2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 02/20/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 65-0666919	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WEINBERG, STEVEN A 8000 PETERS RD. PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE PRD <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME REEGER, STEVEN C				1.2 NAME			
STREET ADDRESS 1350 E. NEWPORT CENTER DR., #200				1.3 STREET ADDRESS			
CITY-ST-ZIP DEERFIELD BEACH FL 33442				1.4 CITY-ST-ZIP			
TITLE D <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HOLM, DRUCILLA				2.2 NAME			
STREET ADDRESS 1350 E. NEWPORT CENTER DR., #200				2.3 STREET ADDRESS			
CITY-ST-ZIP DEERFIELD BEACH FL 33442				2.4 CITY-ST-ZIP			
TITLE VSD <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME HINKIN, DAVID R				3.2 NAME			
STREET ADDRESS C/O FRANK EFFMAN, 8000 PETERS RD.				3.3 STREET ADDRESS			
CITY-ST-ZIP PLANTATION FL 33324				3.4 CITY-ST-ZIP			
TITLE VP-PRES <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME WARD, JIM				4.2 NAME			
STREET ADDRESS C/O FRANK EFFMAN, 8000 PETERS RD.				4.3 STREET ADDRESS			
CITY-ST-ZIP PLANTATION FL 33324				4.4 CITY-ST-ZIP			
TITLE Board Member <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME THERESA Scogua				5.2 NAME			
STREET ADDRESS 101 S.W. 96th Ter - Apt - 204				5.3 STREET ADDRESS			
CITY-ST-ZIP Plantation Fla 33324				5.4 CITY-ST-ZIP			
TITLE Somerset <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99

954-473-1000

Daytime Phone #

CR2E037 (1/98)