
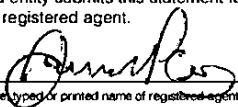
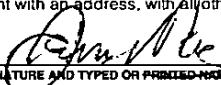


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

01-10-2005 90015 038 \*\*\*\*61.25

<b>DOCUMENT # N96000001255</b>			
1. Entity Name JACARANDA POINTE PROPERTY OWNERS' ASSOCIATION, INC.			
Principal Place of Business 1039 U.S. 41 BY-PASS, S. VENICE, FL 34292		Mailing Address 1039 U.S. 41 BY-PASS, S. VENICE, FL 34292	
2. Principal Place of Business <i>1039 U.S. 41 By-Pass, S.</i>		3. Mailing Address <i>1039 U.S. 41 By-Pass, S.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Venice, FL</i>		City & State <i>Venice, FL</i>	
Zip <i>34285</i>	Country <i>U.S.A.</i>	Zip <i>34285</i>	Country <i>U.S.A.</i>
6. Name and Address of Current Registered Agent  PARK, JAMES D 1039 U.S. 41 BY-PASS, S. VENICE, FL 34292		7. Name and Address of New Registered Agent Name <i>PARK, JAMES D.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1039 U.S. 41 By-Pass, S.</i> City <i>Venice</i> <b>FL</b> Zip Code <i>34285</i>	
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: 		DATE: <i>1/5/05</i>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, TERRY L 1267 U.S. 41 BY-PASS, S. VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Garner, Terry L.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1267 U.S. 41 By-Pass, S.</i> <i>Venice, FL 34285</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, GEOFFREY D 1505 S. TAMiami TRAIL, SUITE 405 VENICE, FL 34292 <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 PARK, JAMES D 1039 U.S. 41 BY-PASS, S. VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Park, James D.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1039 U.S. 41 By-Pass, S.</i> <i>Venice, FL 34285</i>
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
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
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 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: 		DATE: <i>1/5/05</i> Daytime Phone #: <i>941-483-3305</i>	

50000947



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required