

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000001255

1. Entity Name
JACARANDA POINTE PROPERTY OWNERS' ASSOCIATION, INC.



Principal Place of Business
1039 U.S. 41 BY-PASS, S. VENICE, FL 34285

Mailing Address
1039 U.S. 41 BY-PASS, S. VENICE, FL 34285

DO NOT WRITE IN THIS SPACE



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

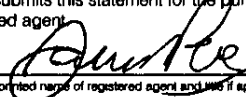
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PARK, JAMES D
1039 U.S. 41 BY-PASS, S.
VENICE, FL 34285

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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: **1/15/08**

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000789871
 01/23/08-80011-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, TERRY L 1267 U.S. 41 BY-PASS, S. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, GEOFFREY D 245 N. TAMiami TRAIL, SUITE E VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARK, JAMES D 1039 U.S. 41 BY-PASS, S. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: **1/15/08** DAYTIME PHONE #: **941-483-3305**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR