## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

N96000001787 (8)

JACARANDA HEIGHTS OWNERS' ASSOCIATION, INC.

Principal Place of Business		Mailing Address			E HODISION DAD SESIO DAINI DAINI DONIN BANN DONIN TANNI NOREZI NIDIN NOREZ NORIK 180% (BANK 180% (BANK
7000 \$ TAMIAMI TRAIL VENICE FL 34203		7000 S Tamiami Trail Venice Fl 34283			3. Date Incorporated or Qualified 04/02/1996
					4. FEI Number Applied For
					65-0674630 / Not Applicable
2. Principal Place of Business		2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
21		28			Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28	·		☐ Yes ☐ No
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	25]	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Hegistered Agent	8	1 Name	10. Name and Address of New Registered Agent
	**********		٦	Name	
BOONE, STEPHEN K 1001 AVENIDA DEL CIRCO			8	2 Street	Address (P.O. Box Number is Not Acceptable)
	FL 34285		8	3	
			8	4 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 II applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.		ND DIRECTORS	13.	Delit eigi katare	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Ď	DELETE	1.1 TITLE		Change Addition
NAME	TAYLOR, THOMAS H JR		1.2 NAM		
STREET ADDRESS	7000 S TAMIAMI TRAIL		13 STRE	ET ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		1.4 CITY		
TITLE	Ď	☐ DELETE	2.1 TITLE		Change Addition
NAME	TAYLOR, N B SR		2.2 NAMI	<u>:</u>	
STREET ADDRESS	7000 S TAMIAMI TRAIL		2.3 STRE	ET ADORESS	
CITY-ST-ZIP	VENICE FL 34293		2. 4 CITY	- ST- ZIP	
TITLE	D	☐ DELETE	3.1 TITLE		Change Addition
NAME	TAYLOR, J D		3.2 NAME	:	
STREET ADDRESS	7000 S TAMIAMI TRAIL		3.3 STRE	T ADDRESS	
CITY-ST-ZIP	VENICE FL 34293		3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP			4.4 CITY	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	T ADDRESS	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME	. [	
STREET ADDRESS			6.3 STREE	T ADDRESS	

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 or an attachment with an address.

**FILED** 

Feb 10 1998 8:00am

Secretary of State