2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9600001787 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** JACARANDA HEIGHTS OWNERS' ASSOCIATION, INC. 02-29-2000 90149 020 ****70.00 Principal Place of Business Mailing Address C/O POSTAL CENTER USA C/O POSTAL CENTER USA #174 2353-3 TAMIAMI TRAIL #174 2353-3 TAMIAMI TRAIL VENICE FL 34293 VENICE FL 34293 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0674630 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENSON Street Address (P.O. Box Number is Not Acceptable) CARTER, K STEPHEN 4814 JACARANDA HEIGHTS DR. DR JACARANDA HEIGHTS VENICE FL 34293 VENICE 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Change TITLE ☐ Addition TITLE X Delete HENSON, JACK CARTER, K STEPHEN NAME NAME 4863 JACARANDA HEIGHTS DR STREET ADDRESS 4814 JACARANDA HEIGHTS DR STREET ADDRESS VENICE, PL 34293 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 D-VP/S' BORNTREGER, TAMMY Change ☐ Addition TITLE Delete TITLE SANTILLO, SEDAGE JR NAME NAME 4844 JACARANDA HEIGHTS STREET ADDRESS STREET ADDRESS 4867 JACARANDA HEIGHTS DR CITY-ST-ZIP CITY-ST-7IP VENICE, PL 34293 VENICE FL 34293 ☐ Addition TITLE Delete TITLE BRACCIA, DELORES FERGUSON, JAMES A NAME NAME 4823 JACARANDA HEIGHTS DR STREET ADDRESS STREET ADDRESS 4871 JACARANDA HEIGHTS DR VENICE FL 34293 CITY-ST-ZIP CITY-ST-7IP VENICE FL 34293 Delete Change ☐ Addition TITLE TITLE FISHER, CHERYL NAME NAME STREET ADDRESS 4828 JACARANDA HEIGHTS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 ☐ Change ☐ Addition Delete TITLE TITLE CRAWFORD, THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 4872 JACARANDA HEIGHTS DR CITY-ST-7IP CITY-ST-ZIP VENICE FL 34293 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

SIGNATURE: JOSIA PLANT REQUIRED 2/12/2000 (941) 496-8904

changed, or on an attachment with an address, with all other like empowered