FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 15, 2001 8:00 am DOCUMENT # N9600001787 **Secretary of State** 02-15-2001 90099 026 ****70.00 JACARANDA HEIGHTS OWNERS' ASSOCIATION, INC. 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 City & State City & State 4. FEI Number Applied For 65-0674630 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent-Name MARGALE+ HONN, HENSON, JACK 4863 JACARANDA HEIGHTS DR VENICE FL 34293 CityVENICE 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. 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DIRECTOR / PRESIDENT DΡ Change Addition TITLE TITLE Delete MARGARET HONN 4800 ACARANDA HEIGHTS DR. HENSON, JACK NAME NAME STREET ADDRESS STREET ADDRESS 4863 JACARANDA HEIGHTS DR VENICE, FL. 34293 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 DIRECTOR / VICE PRESIDENT TITLE DVPS Delete Change Addition TITLE TERRI LOPEZ NAME HENSON, JACK NAME 4891 JACARAWA HEIGHTS DR STREET ADDRESS STREET ADDRESS 4863 JACARANDA HEIGHTS DR VENICE, FL 34293 DIEGGER/TPEASURER/SECRETARYST Change DELORES BRACCIA 4823 JACARANDA HEIGHTS DR CITY-ST-ZIP CITY-ST-ZIP VENICE FL: 34293~~ TITLE TITLE NAME FERGUSON, JAMES A NAME STREET ADDRESS STREET ADDRESS 4871 JACARANDA HEIGHTS DR CITY-ST-ZIP CITY-ST-ZIP VENTCE, FL 34293 VENICE FL 34293 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE:

SIGNATURE TYPED OR PRINTED MARK OF SIGNING OFFICER OR PRECIOUS.