## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2002 8:00 am Secretary of State DOCUMENT # **N9600001787** JACARANDA HEIGHTS OWNERS' ASSOCIATION, INC. 02-07-2002 90302 001 \*\*\*\*61.25 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 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE! Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0674630 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REPPI ---Street Address (P.O. Box Number is Not Acceptable) HONN, MARGARET 4804 JACARANDA HEIGHTS DRIVE JACARANDA VENICE FL 34293 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 Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change TITLE Addition TITLE D Delete JAMES 4864 JACARANDA HEIGHTS DRIVE NAME HONN, MARGARET NAME STREET ADDRESS STREET ADDRESS 4804 JACARNDA HEIGHTS DRIVE CITY-ST-ZIP VENICE, FI CITY-ST-ZIP VENICE FL 34293 DVP Delete TITLE DVPS Change ☐ Addition TITLE BAKER, MARY 4892 JACREHUDA HEIGHTS WR. NAME Lopez, Terri NAME 4891 JACARANDA HEIGHTS DRIVE STREET ADDRESS STREET ADDRESS VENICE, F1 34293 CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 🔀 Change ☐ Addition DTS TITLE Delete \_\_\_ TITLE RUSSELL, ROBEATA BRACCIA, DELORES NAME 4810 JACARANDA HEIGHTS DR. NAME STREET ADDRESS STREET ADDRESS 4823 JACARANDA HEIGHTS DRIVE CITY-ST-ZIP VENICE, FI 34293 CITY-ST-ZIP VENICE FL 34293 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F 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: