

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2004 8:00 am
Secretary of State

06-02-2004 90003 047 ****70.00

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1. Entity Name

JACARANDA HEIGHTS OWNERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

Jacaranda Owner's Association
4901 Jacaranda Hts. Drive
Venice, FL 34293

Jacaranda Owner's Association
4901 Jacaranda Hts. Drive
Venice, FL 34293

2. Principal Place of Business

3. Mailing Address

4901 JACARANDA HEIGHTS DR 4901 JACARANDA HEIGHTS DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

VENICE FLORIDA

VENICE FLORIDA

Zip

Country

Zip

Country

34293 SARASOTA

34293 SARASOTA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REPP, JAMES
4864 JACARANDA HEIGHTS DR
VENICE FL 34293

Name

LEONARD WOZNY

Street Address (P.O. Box Number is Not Acceptable)

4803 JACARANDA HEIGHTS DR

VENICE

City

FLORIDA

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME REPP, JAMES
STREET ADDRESS 4864 JACARANDA HEIGHTS DR
CITY-ST-ZIP VENICE FL 34293 ☒ Delete

TITLE DP
NAME LEONARD WOZNY
STREET ADDRESS 4803 JACARANDA HEIGHTS DR
CITY-ST-ZIP VENICE FLORIDA 34293 ☒ Change ☐ Addition

TITLE DVPS
NAME BAKER, MARY
STREET ADDRESS 9892 JACARANDA HEIGHTS DR
CITY-ST-ZIP VENICE FL 34293 ☒ Delete

TITLE DVSP
NAME MARY ELIZABETH EVANS
STREET ADDRESS 4887 JACARANDA HEIGHTS DR
CITY-ST-ZIP VENICE FLORIDA 34293 ☒ Change ☐ Addition

TITLE DT
NAME RUSSELL, ROBERTA
STREET ADDRESS 4810 JACARANDA HEIGHTS DR
CITY-ST-ZIP VENICE FL 34293 ☒ Delete

TITLE DT
NAME Dorothy A Bombiera
STREET ADDRESS 4856 JACARANDA HEIGHTS DR
CITY-ST-ZIP VENICE FLORIDA 34293 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #