


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 25, 2007 08:00 AM
Secretary of State**

DOCUMENT # N96000001787 1. Entity Name JACARANDA HEIGHTS OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4901 JACARANDA HEIGHTS DR VENICE, FL 34293	Mailing Address 4901 JACARANDA HEIGHTS DR VENICE, FL 34293
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DO NOT WRITE IN THIS SPACE



01202007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0674630	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent REPPI, JAMES V 4864 JACARANDA HEIGHTS DR VENICE, FL 34293	DO NOT WRITE IN THIS SPACE
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP/T REPPI, JAMES V 4864 JACARANDA HEIGHTS DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOPEZ, RICK 4891 JACARANDA HEIGHTS DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WABREK, SUE 4819 JACARANDA HEIGHTS DR VENICE, FL 34293
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/29/07-80036-016 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>James Reppi</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>James Reppi-President 1-20-07</i> Date	<i>941-408-0913</i> Daytime Phone #
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