

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90031 004 ****61.25



DOCUMENT # N96000001787
 1. Entity Name
JACARANDA HEIGHTS OWNERS' ASSOCIATION, INC.

Principal Place of Business
**4901 JACARANDA HEIGHTS DR
 VENICE, FL 34293**

Mailing Address
**4901 JACARANDA HEIGHTS DR
 VENICE, FL 34293**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

02052008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0674630

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



6. Name and Address of Current Registered Agent
**REMPI, JAMES V
 4864 JACARANDA HEIGHTS DR
 VENICE, FL 34293**

7. Name and Address of New Registered Agent
 Name **Marianne Dowdy**
 Street Address (P.O. Box Number is Not Acceptable)
4828 Jacaranda Heights Dr
 City **Venice** 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 **Marianne Dowdy** DATE **2/5/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2008**

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DPT	REMPI, JAMES V	4864 JACARANDA HEIGHTS DR	VENICE, FL 34293	<input checked="" type="checkbox"/>
DV	LOPEZ, RICK	4891 JACARANDA HEIGHTS DR	VENICE, FL 34293	<input checked="" type="checkbox"/>
DS	WABREK, SUE	4819 JACARANDA HEIGHTS DR	VENICE, FL 34293	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DIP	Roxanne Henkel	4823 Jacaranda Heights Dr	Venice FL 34293	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIV	mike LaPorta	4884 Jacaranda Heights Dr	Venice FL 34293	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DISI	Marianne Dowdy	4828 Jacaranda Heights Dr	Venice FL 34293	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Marianne Dowdy** DATE **2/5/08** DAYTIME PHONE # **(941) 408-8109**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #