


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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02052008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0674630	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
REPPI, JAMES V 4864 JACARANDA HEIGHTS DR VENICE, FL 34293				Name Marianne Dowdy	
				Street Address (P.O. Box Number is Not Acceptable) 4828 Jacaranda Heights Dr	
				City Venice	
				State 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 <u>Marianne Dowdy</u> DATE <u>2/5/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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/T	<input checked="" type="checkbox"/> Delete	TITLE	DIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REPPI, JAMES V		NAME	Roxanne Henkel	
STREET ADDRESS	4864 JACARANDA HEIGHTS DR		STREET ADDRESS	4823 Jacaranda Heights Dr	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice FL 34293	
TITLE	DV	<input checked="" type="checkbox"/> Delete	TITLE	DIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOPEZ, RICK		NAME	mike LaPorta	
STREET ADDRESS	4891 JACARANDA HEIGHTS DR		STREET ADDRESS	4884 Jacaranda Heights Dr	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice FL 34293	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	DISIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WABREK, SUE		NAME	Marianne Dowdy	
STREET ADDRESS	4819 JACARANDA HEIGHTS DR		STREET ADDRESS	4828 Jacaranda Heights Dr	
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP	Venice FL 34293	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/5/08</u> Daytime Phone # <u>(941) 408-8109</u>		