
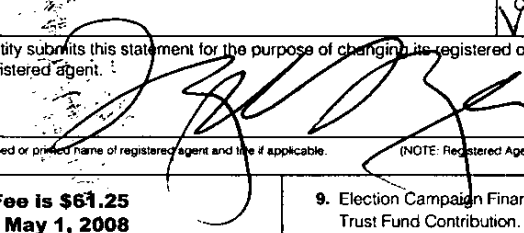
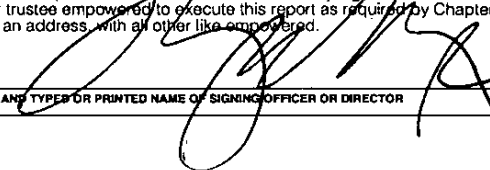


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90111 011 \*\*\*\*61.25

<b>DOCUMENT # N97000003787</b>			
1. Entity Name JACARANDA COMMERCIAL CENTER PROPERTY OWNERS ASSOCIATION, INC.			
Principal Place of Business 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 US		Mailing Address 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 US	
2. Principal Place of Business - No P.O. Box # 333 S. Tamiami Trail		3. Mailing Address 333 S. Tamiami Trail	
Suite, Apt. #, etc. Suite 203		Suite, Apt. #, etc. Suite 203	
City & State Venice, FL		City & State Venice, FL	
Zip 34285	Country	Zip 34285	Country
4. FEI Number 65-0765756		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 MILLER, MICHAEL W 333 S TAMiami TRAIL STE 101 VENICE, FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 S. Tamiami Trail, Suite 203 City Venice, FL Zip Code 34285	
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.		DATE 5/1/08 (NOTE: Registered Agent signature required when reinstating)	
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 NAME STREET ADDRESS CITY-ST-ZIP	DP MILLER, MICHAEL W 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRISH, JAYNE E 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 S. Tamiami Trail, Suite 203 Venice, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CONDIT, CLIFF 333 S. TAMiami TRAIL, SUITE 101 VENICE, FL 34285 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Timothy D. Miller 333 S. Tamiami Trail, Suite 203 Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 5/1/08 944 444-1651 Daytime Phone #	