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Sep 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moynihan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005688 (3)**

1. Corporation Name

JACARANDA CENTER PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

**5349 GOLDEN GATE PARKWAY
SUITE B
NAPLES FL 34116**

Mailing Address

**5349 GOLDEN GATE PARKWAY
SUITE B
NAPLES FL 34116**

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

21 4451 N. GULF SHORE BLVD

Suite, Apt. #, etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

28 4451 N. GULF SHORE BLVD

Suite, Apt. #, etc.

City & State

27 APT 204

29 NAPLES, FL.

Zip

30 34103

Country

31 COLLIER

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**RAICHERT, LEONARD
5349 GOLDEN GATE PARKWAY
SUITE B
NAPLES FL 34116**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

Leonard Raichert

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D. PRESIDENT, & TRANS** ☐ DELETE
NAME **LEONARD RAICHERT**
STREET ADDRESS **4204**
CITY-ST-ZIP **4451 N. GULF SHORE BLVD**
NAPLES, FL 34103

TITLE **D. VICE PRES** ☐ DELETE
NAME **V. COTTEONGEM**
STREET ADDRESS **5349 GOLDEN GATE PKWY**
CITY-ST-ZIP **NAPLES, FL 34116**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D. WANDA - SECY & V.P.** ☐ Change ☐ Addition
1.2 NAME **WANDA RAICHERT**
1.3 STREET ADDRESS **4451 N. GULF SHORE B**
1.4 CITY-ST-ZIP **NAPLES, FL 34103**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Leonard Raichert

4/17/98

4/17/98

CR2E037 (10/97)