## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N97000005688

1. Corporation Name

## JACARANDA CENTER PROPERTY OWNERS ASSOCIATION, IN

Principal Place of Business Mailing Address					_					
4451 N. GULF	SHORE BLVD	4451 N. GULFSHORE BLVD					1811) (J.H. 3 <b>1</b>			
SUITE B NAPLES FL 34116		APT 204 -								
US	1110	NAPLES FL 34103 US				11991(19) 614 16111				
00	_ ·		-	-	-5 - 1	-			•	-
2. Principal Pl	lace of Business	2a. Mailing Address				3. Date Incorporated	or Qualifed			
21	•	26				10/07/1997				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number A/0		icas le		lied For	
22		27			APPLIED FOR			15.3	Applicable	
City & State	0	City & State				5. Certifcate of Status	Desired		\$8.75 A	_
23		28							Fee Rec	ured
Zip	Country	Zip	Coul	ntry		6. Election Campaign	_	П	\$5.00 1	•
24	25		30			Trust Fund Contrib			Added to	Fees
9. Name and Address of Current Registered Agent				041	N	10. Name and Address of New Registered Agent				
				81	Name					
RAICHERT, LEONARD					Street Addres	ss (P.O. Box Number is	Not Acceptab	ole)		
5349 GOL	DEN GATE PARKWAY			-		·····				
SUITE B				83						
NAPLES F	-L 34116		l	84	City			FL	85 Zip C	ode
										- aistarad
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State o	and 617.1508, Florida Statutes f Florida, Such change was aut	s, the at thorized	ove-	-named corpor he corporation	ration submits this stater o's board of directors. I h	nent for the p ereby accept	the appoin	cnanging its r itment as reg	egistered istered
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Florid	da Statu	ıtes.	<b>-</b>		•			
SIGNATURE										
	Signature, typed or printed name of registered agent		_	Agent :	signature required v	when reinstating)	SES TO OFF	DATE	D DIRECTOR	
12.	OFFICERS AND	DIRECTORS	13.		signature required v	when reinstating) ADDITIONS/CHANG	GES TO OFF	-		RS IN 12
12.	OFFICERS AND		13. 1,1 TII	UE.	signature required v	when reinstating) ADDITIONS/CHANG	SES TO OFF	-	D DIRECTOF	
12. TITLE NAME	OFFICERS AND PT RAICHERT, LEONARD	DIRECTORS	13. 1,1 TII 1,2 NA	le Me		when reinstating) ADDITIONS/CHANG	SES TO OFF	-		
12. TITLE NAME STREET ADDRESS	OFFICERS AND PT RAICHERT, LEONARD 4451 N. GULFSHORE BLVD	DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 ST	LE ME REET A	ADDRESS	when reinstating) ADDITIONS/CHANG	GES TO OFF	-		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PT RAICHERT, LEONARD 4451 N. GULFSHORE BLVD NAPLES FL 34103	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT	LE ME REET A	ADDRESS	when reinstating) ADDITIONS/CHANG	GES TO OFF	-	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PT RAICHERT, LEONARD 4451 N. GULFSHORE BLVD NAPLES FL 34103 VD	DIRECTORS	13. 1.1 TII 1.2 NA 1.3 STI 1.4 CII 2.1 TII	LE ME REET A TY-ST- LE	ADDRESS	when reinstating) ADDITIONS/CHANG	GES TO OFF	-		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PT RAICHERT, LEONARD 4451 N. GULFSHORE BLVD NAPLES FL 34103 VD COTTONGEM, V.	D DIRECTORS	13. 1.1 TIT 1.2 NA 1.3 STI 1.4 CIT 2.1 TIT 2.2 NA	LE ME REET A TY-ST- TLE	ADDRESS ZIP	when reinstating) ADDITIONS/CHANG	GES TO OFF	-	Change	☐ Addition
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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 of an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

03-17-1999 90086 044 \*\*\*\*61.25

Mar 17, 1999 8:00 am § Secretary of State