2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000004483

1. Entity Name
JACARANDA PROFESSIONAL PARK ASSOCIATION INC.

Principal Place of Business	Mailing Address
C/O SPECTRUM COMMERCIAL GROUP 3600 W COMMERCIAL BLVD #216 FORT LAUDERDALE, FL 33309	C/O SPECTRUM COMMERCIAL GROUP 3600 W COMMERCIAL BLVD #216 FORT LAUDERDALE, FL 33309

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01172004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0870076
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STONE, ADELE I ESQ
1948 TYLER STREET
HOLLYWOOD, FL 33020

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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 _____ DATE
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BROUWER, G J
STREET ADDRESS	23965 WARDEN AVENUE
CITY-ST-ZIP	KESWICK, ONTARIO L4P 3E9,
TITLE	PD
NAME	FERNANDEZ, NELSON
STREET ADDRESS	12277 SW 55TH #901
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	STD
NAME	DELORENZO, LYNN
STREET ADDRESS	7901 SW 6TH CT #475
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/04-80062-021 61.25

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12. 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 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: NELSON FERNANDEZ 2/18/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #