

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 C/O SPECTRUM COMMERCIAL GROUP 3600 W COMMERCIAL BLVD #216 FORT LAUDERDALE, FL 33309	Mailing Address C/O SPECTRUM COMMERCIAL GROUP 3600 W COMMERCIAL BLVD #216 FORT LAUDERDALE, FL 33309
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DO NOT WRITE IN THIS SPACE



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**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

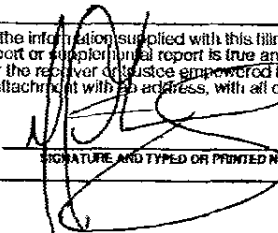
10. OFFICERS AND DIRECTORS

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

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02/23/04-80062-021 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 my 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 #