

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90081 005 \*\*\*\*61.25

**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**

40015040



01112005 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**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**STONE, ADELE HESQ**  
**1940 TYLER STREET**  
**HOLLYWOOD, FL 33020**

**ANITA LEVIN**  
**C/O SPECTRUM COMMERCIAL**  
**GROUP, INC.**  
**3600 W. COMMERCIAL BLVD,**  
**#216**  
**FT. LAUDERDALE, FL 33309**

**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**

*Anita Levin*

**ANITA LEVIN**

**2-2-05**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

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

**PLEASE NOTE  
CHANGE OF  
REGISTERED AGENT.**

*LD*

**DO NOT WRITE  
IN THIS SPACE**

**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:**

*Debra J. Brouwer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/05**

**954-439-2553**

Date

Daytime Phone #