2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 19, 2007 8:00 am
Secretary of State
01-17-2007 90049 028 ****61.25

DOCUMENT # N98000004483

1. Entity Name
JACARANDA PROFESSIONAL PARK ASSOCIATION INC.

Principal Place of Business	Mailing Address
1451 W. CYPRESS CREEK RD STE. 300 FORT LAUDERDALE, FL 33309	1451 W. CYPRESS CREEK RD STE. 300 FORT LAUDERDALE, FL 33309

000013J22

01082007 No Chg-NP CR2E037 (4/06)

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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

LEVIN, ANITA
C/O SPECTRUM COMMERCIAL GROUP, INC.
1451 W. CYPRESS CREEEK RD. STE. 300
FORT LAUDERDALE, FL 33309

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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 Anita P. Levin
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lynn DeLorenzo S/T/D 2/12/07 954-349-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #