

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000004483

FILED
Apr 02, 2009
Secretary of State

Entity Name: JACARANDA PROFESSIONAL PARK ASSOCIATION INC.

Current Principal Place of Business:

1451 W. CYPRESS CREEK RD
STE. 300
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1881 N. UNIVERSITY DRIVE
STE. 206
CORAL SPRINGS, FL 33071

Current Mailing Address:

1451 W. CYPRESS CREEK RD
STE. 300
FORT LAUDERDALE, FL 33309

New Mailing Address:

1881 N. UNIVERSITY DRIVE
STE. 206
CORAL SPRINGS, FL 33071

FEI Number: 65-0870076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

LEVIN, ANITA P
C/O SPECTRUM COMMERCIAL GROUP, INC.
1881 N. UNIVERSITY DR., SUITE 206
CORAL SPRINGS, FL 33071 US

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.

SIGNATURE: ANITA P. LEVIN, REGISTERED AGENT

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: BROUWER, G J
Address: 23965 WARDEN AVENUE
City-St-Zip: KESWICK, ONTARIO L4P 3E9,

Title: PD () Delete
Name: FERNANDEZ, NELSON
Address: 12277 SW 55TH #901
City-St-Zip: COOPER CITY, FL 33330

Title: STD () Delete
Name: DELORENZO, LYNN
Address: 7901 SW 6TH CT #475
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PAPPAS, TIMOTHY
Address: 2121 SW 3RD AVENUE
City-St-Zip: MIAMI, FL 33129

Title: VPD (X) Change () Addition
Name: LEIBOWITZ, JAYSON DDS
Address: 10800 NW FIRST COURT
City-St-Zip: PLANTATION, FL 33324

Title: STD (X) Change () Addition
Name: GELBWAKS, PETER
Address: 10051 NW FIRST COURT
City-St-Zip: PLANTATION, FL 33324

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANITA P. LEVIN, REGISTERED AGENT FOR PD

RA

04/02/2009

Electronic Signature of Signing Officer or Director

Date