2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # N98000004838

1. Entity Name
JACARANDA OFFICE PARK ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1872 TAMIAMI TRAIL S SUITE D VENICE, FL 34293 US	1872 TAMIAMI TRAIL S SUITE D VENICE, FL 34293 US

01152008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1041886
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BERG, SKIP
1872 TAMIAMI TRAIL S
STE D
VENICE, FL 34292

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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, 2008

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

U00000888551
04/22/08-80017-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BERG, SKIP
STREET ADDRESS	1872 TAMIAMI TRAIL S. STE D
CITY-ST-ZIP	VENICE, FL 34293
TITLE	VPD
NAME	WRIGHT, CLARK
STREET ADDRESS	1140 WOODMERE PARK BLVD. STE. 1
CITY-ST-ZIP	VENICE, FL 34292
TITLE	STD
NAME	CODVILLE, BRUCE
STREET ADDRESS	1525 S. TAMIAMI TR., SUITE 603
CITY-ST-ZIP	VENICE, FL 34292
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: JN Berg 2/11/08 941-493-0871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #