

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729491

FILED
Jan 10, 2014
Secretary of State
CC4208896740

Entity Name: JACARANDA WEST HOMEOWNERS' ASSOCIATION #1, INC.

Current Principal Place of Business:

SUNSTATE ASSOCIATION MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
VENICE, FL 34292

Current Mailing Address:

SUNSTATE ASSOCIATION MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
VENICE, FL 34292 US

FEI Number: 59-1786896

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SUNSTATE ASSOCIATION MANAGEMENT GROUP
200 CAPRI ISLE BLVD
SUITE 2
VENICE, FL 34292 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MILLER, ED
Address SUNSTATE ASSOCIATION
MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
City-State-Zip: VENICE FL 34292

Title PRESIDENT
Name O'NEILL, PATRICIA
Address SUNSTATE ASSOCIATION
MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
City-State-Zip: VENICE FL 34292

Title S
Name O'NEIL, FRED
Address SUNSTATE ASSOCIATION
MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name ROSSETTI, FRANK
Address SUNSTATE ASSOCIATION
MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
City-State-Zip: VENICE FL 34292

Title VP, DIRECTOR
Name KRUM, STEVE
Address SUNSTATE ASSOCIATION
MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name DIEHL, RICHARD
Address SUNSTATE ASSOCIATION
MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
City-State-Zip: VENICE FL 34292

Title DIRECTOR
Name GRISWOLD, ROGER
Address SUNSTATE ASSOCIATION
MANAGEMENT GROUP
200 CAPRI ISLE BLVD., SUITE 2
City-State-Zip: VENICE FL 34292

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA O'NEILL

PRESIDENT

01/10/2014

