

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729491

FILED
Feb 08, 2022
Secretary of State
8592233850CC

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

Current Principal Place of Business:

3001 EXECUTIVE DRIVE
SUITE 260
CLEARWATER, FL 33762

Current Mailing Address:

C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762 US

FEI Number: 59-1786896

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONDOMINIUM ASSOCIATES
C/O CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DRIVE SUITE 260
CLEARWATER, FL 33762 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: CONDOMINIUM ASSOCIATES INC

02/08/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THORNTON, SHARI
Address C/O CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title VP
Name HARDING, SHERRY
Address C/O CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title SECRETARY
Name HARRINGTON, CLAYTON
Address C/O CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title TREASURER
Name MEYER, DON
Address P.O. BOX 18809
City-State-Zip: SARASOTA FL 34276

Title DIRECTOR
Name SLOCUM, HARRY
Address C/O CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name KRUM, STEVE
Address C/O CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR
Name MILLER, ED
Address C/O CONDOMINIUM ASSOCIATES
 3001 EXECUTIVE DRIVE SUITE 260
City-State-Zip: CLEARWATER FL 33762

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: THORNTON , SHARI

PRESIDENT

02/08/2022

Electronic Signature of Signing Officer/Director Detail

Date