

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729491

Entity Name: JACARANDA WEST HOMEOWNERS' ASSOCIATION #I, INC.**Current Principal Place of Business:**5602 MARQUESAS CIRCLE
#103
SARASTOA, FL 34233**Current Mailing Address:**P.O. BOX 18809
SARASOTA, FL 34276 US**FEI Number:** 59-1786896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNSTATE ASSOCIATION MANAGEMENT GROUP
5602 MARQUESAS CIRCLE
#103
SARASTOA, FL 34233 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	P.O. BOX 18809
City-State-Zip:	SARASOTA FL 34276

Title	PRESIDENT
Name	O'NEILL, PATRICIA
Address	P.O. BOX 18809
City-State-Zip:	SARASOTA FL 34276

Title	VP
Name	O'NEIL, FRED
Address	P.O. BOX 18809
City-State-Zip:	SARASOTA FL 34276

Title	DIRECTOR
Name	ROSSETTI, FRANK
Address	P.O. BOX 18809
City-State-Zip:	SARASOTA FL 34276

Title	DIRECTOR
Name	KRUM, STEVE
Address	P.O. BOX 18809
City-State-Zip:	SARASOTA FL 34276

Title	DIRECTOR
Name	DUMAINE , FRANK
Address	P.O. BOX 18809
City-State-Zip:	SARASOTA FL 34276

Title	SECRETARY
Name	HARRINGTON, CLAYTON
Address	P.O. BOX 18809
City-State-Zip:	SARASOTA FL 34276

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: CLAYTON HARRINGTON**SECRETARY****03/01/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date