

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729491

Entity Name: JACARANDA WEST HOMEOWNERS' ASSOCIATION #I, INC.**FILED**
Jan 24, 2016
Secretary of State
CC3882313244**Current Principal Place of Business:**SUNSTATE ASSOCIATION MANAGEMENT GROUP
5602 MARQUESAS CIRCLE 102-9
SARASOTA, FL 34233**Current Mailing Address:**SUNSTATE ASSOCIATION MANAGEMENT GROUP
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
102-9
SARASOTA, 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	SUNSTATE ASSOCIATION MANAGEMENT GROUP 5602 MARQUESAS CIRCLE 102-9
City-State-Zip:	SARASOTA FL 34233

Title	PRESIDENT
Name	O'NEILL, PATRICIA
Address	SUNSTATE ASSOCIATION MANAGEMENT GROUP 5602 MARQUESAS CIRCLE 102-9
City-State-Zip:	SARASOTA FL 34233

Title	S
Name	O'NEIL, FRED
Address	SUNSTATE ASSOCIATION MANAGEMENT GROUP 5602 MARQUESAS CIRCLE 102-9
City-State-Zip:	SARASOTA FL 34233

Title	DIRECTOR
Name	ROSSETTI, FRANK
Address	SUNSTATE ASSOCIATION MANAGEMENT GROUP 5602 MARQUESAS CIRCLE 102-9
City-State-Zip:	SARASOTA FL 34233

Title	VP, DIRECTOR
Name	KRUM, STEVE
Address	SUNSTATE ASSOCIATION MANAGEMENT GROUP 5602 MARQUESAS CIRCLE
City-State-Zip:	SARASOTA FL 34233

Title	DIRECTOR
Name	DIEHL, RICHARD
Address	SUNSTATE ASSOCIATION MANAGEMENT GROUP 5602 MARQUESAS CIRCLE
City-State-Zip:	SARASOTA FL 34233

Title	DIRECTOR
Name	HARRINGTON, CLAYTON
Address	SUNSTATE ASSOCIATION MANAGEMENT GROUP 5602 MARQUESAS CIRCLE 102-9
City-State-Zip:	SARASOTA FL 34233

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: FRED O'NEIL**SECRETARY****01/24/2016**

