

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729491

Entity Name: JACARANDA WEST HOMEOWNERS' ASSOCIATION #I, INC.**Current Principal Place of Business:**C/O ADVANCED MANAGEMENT
899 WOODBRIDGE DR
VENICE, FL 34293**Current Mailing Address:**C/O ADVANCED MANAGEMENT
899 WOODBRIDGE DR
VENICE, FL 34293 US**FEI Number:** 59-1786896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA INC
9031 TOWN CENTER PRKWY
BRADENTON, FL 34202 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:** MATHEW D WILSON

01/29/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name THORNTON, SHARI
Address C/O ADVANCED MANAGEMENT
 899 WOODBRIDGE DR
City-State-Zip: VENICE FL 34293

Title VP
Name FANARA, SHAYNEE
Address C/O ADVANCED MANAGEMENT
 899 WOODBRIDGE DR
City-State-Zip: VENICE FL 34293

Title SECRETARY
Name FURFARI, MARK
Address C/O ADVANCED MANAGEMENT
 899 WOODBRIDGE DR
City-State-Zip: VENICE FL 34293

Title TREASURER
Name MEYER, DONALD
Address C/O ADVANCED MANAGEMENT
 899 WOODBRIDGE DR
City-State-Zip: VENICE FL 34293

Title DIRECTOR
Name PEREIRA, JAMES
Address C/O ADVANCED MANAGEMENT
 899 WOODBRIDGE DR
City-State-Zip: VENICE FL 34293

Title DIRECTOR
Name SPRAGUE, RHONDA
Address C/O ADVANCED MANAGEMENT
 899 WOODBRIDGE DR
City-State-Zip: VENICE FL 34293

Title DIRECTOR
Name PRINCE, DAVID
Address C/O ADVANCED MANAGEMENT
 899 WOODBRIDGE DR
City-State-Zip: VENICE FL 34293

Title ASST. SECRETARY
Name WILSON, MATHEW D
Address C/O ADVANCED MANAGEMENT
 899 WOODBRIDGE DR
City-State-Zip: VENICE FL 34293

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: MATHEW D WILSON**ASST. SECRETARY**

01/29/2024

Electronic Signature of Signing Officer/Director Detail

Date