2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729491

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

FILED Feb 08, 2022 Secretary of State 8592233850CC

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

Address

Title **PRESIDENT** Title

Name THORNTON, SHARI Name HARDING, SHERRY

C/O CONDOMINIUM ASSOCIATES C/O CONDOMINIUM ASSOCIATES Address Address 3001 EXECUTIVE DRIVE SUITE 260 3001 EXECUTIVE DRIVE SUITE 260

City-State-Zip: CLEARWATER FL 33762 City-State-Zip: CLEARWATER FL 33762

SECRETARY TREASURER Name HARRINGTON, CLAYTON Name MEYER, DON

Address C/O CONDOMINIUM ASSOCIATES Address P.O. BOX 18809

3001 EXECUTIVE DRIVE SUITE 260 City-State-Zip: SARASOTA FL 34276

City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR Title DIRECTOR Name KRUM. STEVE

SLOCUM, HARRY Name Address C/O CONDOMINIUM ASSOCIATES

C/O CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DRIVE SUITE 260 3001 EXECUTIVE DRIVE SUITE 260

Title

CLEARWATER FL 33762 City-State-Zip: City-State-Zip: CLEARWATER FL 33762

Title DIRECTOR Name MILLER. ED

Address C/O CONDOMINIUM ASSOCIATES

3001 EXECUTIVE DRIVE SUITE 260

CLEARWATER FL 33762 City-State-Zip:

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