

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729491

**Entity Name:** JACARANDA WEST HOMEOWNERS' ASSOCIATION #I, INC.**Current Principal Place of Business:**SUNSTATE ASSOCIATION MANAGEMENT GROUP  
200 CAPRI ISLE BLVD., SUITE 2  
VENICE, FL 34292**Current Mailing Address:**SUNSTATE ASSOCIATION MANAGEMENT GROUP  
200 CAPRI ISLE BLVD., SUITE 2  
VENICE, FL 34292 US**FEI Number:** 59-1786896**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUNSTATE ASSOCIATION MANAGEMENT GROUP  
200 CAPRI ISLE BLVD  
SUITE 2  
VENICE, FL 34292 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  
200 CAPRI ISLE BLVD., SUITE 2  
City-State-Zip: VENICE FL 34292

Title S  
Name O'NEIL, FRED  
Address SUNSTATE ASSOCIATION  
MANAGEMENT GROUP  
200 CAPRI ISLE BLVD., SUITE 2  
City-State-Zip: VENICE FL 34292

Title D  
Name CONROY, RONNIE  
Address SUNSTATE ASSOCIATION  
MANAGEMENT GROUP  
200 CAPRI ISLE BLVD., SUITE 2  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name DIEHL, RICHARD  
Address SUNSTATE ASSOCIATION  
MANAGEMENT GROUP  
200 CAPRI ISLE BLVD., SUITE 2  
City-State-Zip: VENICE FL 34292

Title PRESIDENT  
Name O'NEILL, PATRICIA  
Address SUNSTATE ASSOCIATION  
MANAGEMENT GROUP  
200 CAPRI ISLE BLVD., SUITE 2  
City-State-Zip: VENICE FL 34292

Title DIRECTOR  
Name ROSSETTI, FRANK  
Address SUNSTATE ASSOCIATION  
MANAGEMENT GROUP  
200 CAPRI ISLE BLVD., SUITE 2  
City-State-Zip: VENICE FL 34292

Title VP, DIRECTOR  
Name KRUM, STEVE  
Address SUNSTATE ASSOCIATION  
MANAGEMENT GROUP  
200 CAPRI ISLE BLVD., SUITE 2  
City-State-Zip: VENICE FL 34292

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:** PATRICIA O'NEILL

PRESIDENT

03/26/2013

