

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 732720

Entity Name: THE VILLAGE TOWNHOUSES-JACARANDA, INC.

FILED
Apr 20, 2018
Secretary of State
CC0518573531

Current Principal Place of Business:

C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025

Current Mailing Address:

C/O ASSOCIATION SERVICES OF FLORIDA
10112 USA TODAY WAY
MIRAMAR, FL 33025 US

FEI Number: 59-1724350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATZMAN CHANDLER
1500 W. CYPRESS CREEK ROAD
SUITE 408
FORT LAUDERDALE, FL 33309 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: LEIGH C KATZMAN

04/20/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name WEBSTER, LAURA
Address C/O ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title SECRETARY
Name FESMIRE, MARY SUE
Address C/O ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title VP
Name LACEY, WILLIAM
Address C/O ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title TREASURER
Name ASCH, MARKUS
Address C/O ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name GORDON, MONICA
Address C/O ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name GARCIA, MADELINE
Address C/O ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title DIRECTOR
Name LEHR, SCOTT
Address C/O ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

Title ALTERNATE
Name KORFEL, DEREK
Address C/O ASSOCIATION SERVICES OF
 FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025

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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.

Officer/Director Detail Continued :

Title ALTERNATE
Name HALL, GABRIELLE
Address C/O ASSOCIATION SERVICES OF FLORIDA
 10112 USA TODAY WAY
City-State-Zip: MIRAMAR FL 33025