

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732720

Entity Name: THE VILLAGE TOWNHOUSES-JACARANDA, INC.

Current Principal Place of Business:

501 NORTH UNIVERSITY DRIVE
PLANTATION, FL 33324

Current Mailing Address:

C/O BE SPOKE CUSTOM MANAGMENT
4301 S FLAMINGO RD, STE 106 PMB 16573
DAVIE, FL 33330 US

FEI Number: 59-1724350

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIPP SCOTT, P.A.
ATTN: MATTHEW ZIFRONY, ESQ.
110 SE 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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: MATTHEW ZIFRONY, ESQ.

04/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name FESMIRE, MARY SUE
Address C/O BE SPOKE CUSTOM
MANAGMENT
4301 S FLAMINGO RD, STE 106 PMB
16573
City-State-Zip: DAVIE FL 33330

Title DIR/TREAS
Name ASCH, MARKUS
Address C/O BE SPOKE CUSTOM
MANAGMENT
4301 S FLAMINGO RD, STE 106 PMB
16573
City-State-Zip: DAVIE FL 33330

Title DIRECTOR, SECRETARY
Name HALL, GABRIELLE
Address C/O BE SPOKE CUSTOM
MANAGMENT
4301 S FLAMINGO RD, STE 106 PMB
16573
City-State-Zip: DAVIE FL 33330

Title DIR, PRESIDENT
Name HARRYLALL, GAVIN R
Address C/O BE SPOKE CUSTOM
MANAGMENT
4301 S FLAMINGO RD, STE 106 PMB
16573
City-State-Zip: DAVIE FL 33330

Title DIRECTOR
Name MAHENTI, ABDUL
Address C/O BE SPOKE CUSTOM
MANAGMENT
4301 S FLAMINGO RD, STE 106 PMB
16573
City-State-Zip: DAVIE FL 33330

Title DIRECTOR
Name ALVERANGA-JONES, SHARON
Address C/O BE SPOKE CUSTOM
MANAGMENT
4301 S FLAMINGO RD, STE 106 PMB
16573
City-State-Zip: DAVIE FL 33330

Title DIRECTOR
Name ESKINAZI, DANIEL
Address C/O BE SPOKE CUSTOM
MANAGMENT
4301 S FLAMINGO RD, STE 106 PMB
16573
City-State-Zip: DAVIE FL 33330

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: GAVIN R HARRYLALL

PRESIDENT

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date