

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

DOCUMENT# 751756

**Entity Name:** FOUNTAINS OF JACARANDA CONDOMINIUM ASSOCIATION,  
INC.

**Current Principal Place of Business:**

631 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060

**Current Mailing Address:**

P.O. BOX 802  
POMPANO BEACH, FL 33061 US

**FEI Number:** 59-2032588

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TMG MANAGEMENT  
631 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33060 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            PRESIDENT  
Name           WILLIAMS, KENNETH  
Address        121 SW 96 TERRACE  
                  APT. #104  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name           AUGUSTIN, WILLIAM  
Address        121 SW 96 TERRACE  
                  APT. #402  
City-State-Zip: PLANTATION FL 33324

Title            SECRETARY  
Name           HOFFMAN, JASON  
Address        141 SW 96 TERRACE  
                  APT. #305  
City-State-Zip: PLANTATION FL 33324

Title            VP  
Name           GILLESPIE, LESLEY  
Address        101 SW 96 TERRACE  
                  APT. #104  
City-State-Zip: PLANTATION FL 33324

Title            TREASURER  
Name           KOONIN, GEOFFREY  
Address        141 SW 96 TERRACE  
                  APT. #203  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name           RICHMAN, ESTHER  
Address        141 SW 96 TERRACE  
                  APT. #304  
City-State-Zip: PLANTATION FL 33324

*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: KENNETH WILLIAMS**

**PRESIDENT**

**11/17/2013**

Electronic Signature of Signing Officer/Director Detail

Date