## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 751756** 

INC.

Entity Name: FOUNTAINS OF JACARANDA CONDOMINIUM ASSOCIATION,

**Current Principal Place of Business:** 

2319 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311

**Current Mailing Address:** 

2319 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311 US

FEI Number: 59-2032588 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

**ROYALE MANAGEMENT SERVICES** 2319 N ANDREWS AVENUE FORT LAUDERDALE, FL 33311 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: LORRI M HILL 03/30/2022

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title **PRESIDENT** Title VICE PRESIDENT Name SANDERSON, RAWLSON Name HERSHEY, JAMI

Address 2319 N ANDREWS AVENUE Address 2319 N ANDREWS AVENUE City-State-Zip: FORT LAUDERDALE FL 33311 City-State-Zip: FORT LAUDERDALE FL 33311

Title **DIRECTOR** Title **SECRETARY** 

Name MCMAHON, FRANCES Name GILLESPIE, LESLEY

Address 2319 N ANDREWS AVENUE Address 2319 N ANDREWS AVENUE City-State-Zip: FORT LAUDERDALE FL 33311 City-State-Zip: FORT LAUDERDALE FL 33311

Title **DIRECTOR** Title **TREASURER** 

Name BITTERMAN, DEBBYE Name KOONIN, GEOFF Address 2319 N ANDREWS AVENUE 2319 N ANDREWS AVENUE Address City-State-Zip: FORT LAUDERDALE FL 33311 FORT LAUDERDALE FL 33311 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: RAWLSON SANDERSON

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/30/2022

**FILED** Mar 30, 2022

**Secretary of State** 

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