

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751756

FILED
Feb 24, 2015
Secretary of State
CC9974868143**Entity Name:** FOUNTAINS OF JACARANDA CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**8751 W. BROWARD BLVD
SUITE 400
PLANTATION, FL 33324**Current Mailing Address:**P.O. BOX 19439
PLANTATION, FL 33318 US**FEI Number: 59-2032588****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**STEVENS & GOLDWYN
2 SOUTH UNIVERSITY DRIVE
SUITE 329
PLANTATION, FL 33324 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: JOHN STEVENS****02/24/2015**

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** TREASURER
Name TONETTI, LOREDANA
Address 141 SW 96 TERRACE
APT.#107
City-State-Zip: PLANTATION FL 33324**Title** DIRECTOR
Name RICHMAN, ESTHER
Address 141 SW 96 TERRACE
APT. #304
City-State-Zip: PLANTATION FL 33324**Title** DIRECTOR
Name GRAY, RENEE
Address 120 SW 96 TERRACE
APT. #101
City-State-Zip: PLANTATION FL 33324**Title** VP
Name HOFFMAN, JASON
Address 141 SW 96 TERRACE
APT. #305
City-State-Zip: PLANTATION FL 33324**Title** DIRECTOR
Name PEREIRA, FLAVIO
Address 121 SW 96 TERRACE
APT. 404
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 A. WILLIAMS**PRESIDENT****02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date