

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 751756

**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**

**12/11/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TONETTI, LOREDANA M  
Address        141 SW 96TH TER  
                  UNIT #107  
City-State-Zip: PLANTATION FL 33324

Title            TREASURER  
Name            TONETTI, LOREDANA  
Address        141 SW 96 TER  
                  UNIT #107  
City-State-Zip: PLANTATION FL 33324

Title            VP  
Name            LONDON, ELIZABETH B.  
Address        140 SW 96 TER  
                  UNIT #307  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name            GUNION, MELISSA  
Address        120 SW 96 TER  
                  UNIT #201  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR, SECRETARY  
Name            HERSHEY, JONATHON  
Address        120 SW 96 TER  
                  UNIT #102  
City-State-Zip: PLANTATION FL 33324

Title            ASST. TREASURER  
Name            LONDON, ELIZABETH  
Address        140 SW 96TH TER  
                  UNIT #307  
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: LOREDANA TONETTI**

**PRESIDENT**

**12/11/2015**

Electronic Signature of Signing Officer/Director Detail

Date