

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000010321

**FILED**  
**Feb 22, 2024**  
**Secretary of State**  
**0111809312CC**

**Entity Name:** JESUP'S RESERVE TOWNHOMES OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number: 26-0212350**

**Certificate of Status Desired: No**

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

SPECIALTY MANAGEMENT COMPANY  
1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 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: BRETT M JORDAN**

**02/22/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ATTI, LOU  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            LUXON, ROBERT  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            SPARKMAN, JOHN  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            VP  
Name            ROPELLA, MARK  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            TREASURER  
Name            JORALEMON, RUSSELL  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            PARCHMENT, PIA VALENCIANO  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            PLAMONDON, CYNTHIA  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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: LOU ATTI**

**PRESIDENT**

**02/22/2024**

Electronic Signature of Signing Officer/Director Detail

Date