

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07948

**Entity Name:** LAKEVIEW COURTS AT JACARANDA HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Jan 26, 2021**  
**Secretary of State**  
**4444193681CC**

**Current Principal Place of Business:**

1079 SHOTGUN RD  
SUNRISE, FL 33326

**Current Mailing Address:**

1079 SHOTGUN RD  
SUNRISE, FL 33326 US

**FEI Number: 59-2726856**

**Certificate of Status Desired: No**

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

BAKALAR & ASSOCIATES, P.A.  
12470-78 W ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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 P  
Name ORTS, JOHN  
Address 1079 SHOTGUN RD  
City-State-Zip: SUNRISE FL 33326

Title VP  
Name KASTNER, DEBBIE  
Address 1079 SHOTGUN RD  
City-State-Zip: SUNRISE FL 33326

Title SECRETARY  
Name RUPPRECHT, LUIS  
Address 1079 SHOTGUN RD  
City-State-Zip: SUNRISE FL 33326

Title T  
Name O'DONNELL, SUSAN  
Address 1079 SHOTGUN RD  
City-State-Zip: SUNRISE FL 33326

Title ASST. SECRETARY  
Name CORDOVA, CESAR  
Address 1079 SHOTGUN RD  
City-State-Zip: SUNRISE FL 33326

*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: JOHN ORTS**

**PRESIDENT**

**01/26/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date