

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10937

**Entity Name:** JACARANDA AT CENTRAL PARK RECREATION ASSOCIATION ONE, INC.

**FILED**  
**Aug 17, 2022**  
**Secretary of State**  
**4756869345CC**

**Current Principal Place of Business:**

C/O OASIS COMMUNITY MANAGEMENT  
5100 W COPANS ROAD SUITE 810  
MARGATE, FL 33063

**Current Mailing Address:**

C/O OASIS COMMUNITY MANAGEMENT  
5100 W COPANS ROAD SUITE 810  
MARGATE, FL 33063 US

**FEI Number:** 59-2646227

**Certificate of Status Desired:** No

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

KRAVIT LAW, P.A.  
2101 CORPORATE BLVD NW  
SUITE 410  
BOCA RATON, FL 33341 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:** CORY B. KRAVIT, ESQ

08/17/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BAHMAN, FRANK  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS ROAD SUITE 810  
City-State-Zip: MARGATE FL 33063

Title           SECRETARY  
Name           MARCUS, LINDA  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS ROAD SUITE 810  
City-State-Zip: MARGATE FL 33063

Title           DIRECTOR  
Name           HAAS, MICHELINE  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS ROAD SUITE 810  
City-State-Zip: MARGATE FL 33063

Title           PRESIDENT  
Name           O'BRIEN, MAUREEN  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS ROAD SUITE 810  
City-State-Zip: MARGATE FL 33063

Title           DIRECTOR  
Name           LODISH, JUDY  
Address        C/O OASIS COMMUNITY  
                  MANAGEMENT  
                  5100 W COPANS ROAD SUITE 810  
City-State-Zip: MARGATE FL 33063

*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:** MAUREEN O'BRIEN

**PRESIDENT**

08/17/2022

