## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14114

Entity Name: CHATHAM TOWNE AT JACARANDA CONDOMINIUM

ASSOCIATION, INC.

**FILED** Mar 27, 2015 **Secretary of State** CC0273776593

## **Current Principal Place of Business:**

C/O CCM, INC 7124 N NOB HILL RD TAMARAC, FL 33321

# **Current Mailing Address:**

C/O CCM, INC 7124 N NOB HILL RD TAMARAC, FL 33321 US

FEI Number: 59-2778388 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

DAVID J. SCHOTTENFIELD, P.A. 7520 NW 5 ST., SUITE 203 PLANTATION FL 33318 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 **TREASURER** Title PACK, MARVIN Name Name Address C/O CCM, INC Address

7124 N NOB HILL RD

City-State-Zip: TAMARAC FL 33321

**DIRECTOR** Title Name KAHN, ELLIS Address C/O CCM, INC

7124 N NOB HILL RD

TAMARAC FL 33321 City-State-Zip:

Title VΡ

Name DEMESTICHAS, MICHAEL

Address C/O CCM, INC.

7124 N. NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321

City-State-Zip:

City-State-Zip:

Ρ

Title

Name

Address

SECRETARY

C/O CCM, INC

**PRESIDENT** 

GAINES, ELISSE

TAMARAC FL 33321

C/O CCM, INC 7124 N NOB HILL RD

LEWIS, DEBORAH

7124 N NOB HILL RD

TAMARAC FL 33321

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: ELISSE GAINES

03/27/2015