

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

DOCUMENT# N14114

**Entity Name:** CHATHAM TOWNE AT JACARANDA CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Mar 12, 2024**  
**Secretary of State**  
**3037799847CC****Current Principal Place of Business:**YOUR MANAGEMENT SERVICES  
6574 N. STATE ROAD7 SUITE# 125  
COCONUT CREEK, FL 33073-3625**Current Mailing Address:**YOUR MANAGEMENT SERVICES  
6574 N. STATE ROAD7 SUITE# 125  
COCONUT CREEK, FL 33073-3625 US**FEI Number: 59-2778388****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EISINGER, BROWN, LEWIS, FRANKEL & CHAIET, P.A.  
4000 HOLLYWOOD BLVD.,  
SUITE 265-SOUTH  
HOLLYWOOD, FL 33021 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: GREGORY EISINGER****03/12/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** PRESIDENT, TREASURER  
**Name** MARCUS, LINDA  
**Address** YOUR MANAGEMENT SERVICES  
6574 N. STATE ROAD7 SUITE# 125  
**City-State-Zip:** COCONUT CREEK FL 33073-3625**Title** VP  
**Name** GASTON, CHERYL  
**Address** YOUR MANAGEMENT SERVICES  
6574 N. STATE ROAD7 SUITE# 125  
**City-State-Zip:** COCONUT CREEK FL 33073-3625**Title** SECRETARY  
**Name** BLANCO, MARGARITA  
**Address** YOUR MANAGEMENT SERVICES  
6574 N. STATE ROAD7 SUITE# 125  
**City-State-Zip:** COCONUT CREEK FL 33073-3625**Title** DIRECTOR  
**Name** COLEEN, HELM  
**Address** YOUR MANAGEMENT SERVICES  
6574 N. STATE ROAD7 SUITE# 125  
**City-State-Zip:** COCONUT CREEK FL 33073-3625**Title** DIRECTOR  
**Name** MCALOON, MATHEW  
**Address** YOUR MANAGEMENT SERVICES  
6574 N. STATE ROAD7 SUITE# 125  
**City-State-Zip:** COCONUT CREEK FL 33073-3625

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: LINDA MARCUS****PRESIDENT****03/12/2024**

Electronic Signature of Signing Officer/Director Detail

Date