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.

TREASURER

#### SIGNATURE: HEIKKI TALVITIE

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N17001

Entity Name: THE ENCLAVE AT JACARANDA LAKES HOMEOWNERS' ASSOCIATION, INC.

### Current Principal Place of Business:

1080 NW 93RD AVENUE PLANTATION, FL 33322

## **Current Mailing Address:**

P.O. BOX 15223 PLANTATION, FL 33318 US

# FEI Number: 59-2776795

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

STEVENS & GOLDWYN, P.A. 2 SOUTH UNIVERSITY DRIVE SUITE 329 PLANTATION, FL 33324 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: JOHN W. STEVENS III, ESQUIRE				01/16/2020	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	DIRECTOR, TREASURER	Title	DIRECTOR, PRESIDENT		
Name	TALVITIE, HEIKKI	Name	BARTH, RYAN		
Address	P.O. BOX 15223	Address	P.O. BOX 15223		
City-State-Zip:	PLANTATION FL 33318	City-State-Zip:	PLANTATION FL 33318		
Title	DIRECTOR, SECRETARY	Title	DIRECTOR, VP		
Name	PEREYRA, DORIS	Name	DIXON, JAMES		
Address	P.O. BOX 15223	Address	P.O. BOX 15223		
City-State-Zip:	PLANTATION FL 33318	City-State-Zip:	PLANTATION FL 33318		
Title	DIRECTOR				
Name	SMITH, KEVIN				
Address	P.O. BOX 15223				
City-State-Zip:	PLANTATION FL 33318				

Certificate of Status Desired: No

FILED Jan 16, 2020 Secretary of State 0440019384CC

> 01/16/2020 Date