2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE RAPACKE LAW GROUP, P.A.
618 EAST SOUTH STREET
SUITE 500
ORLANDO, FL 32801 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: ANDREW RAPACKE   03/05/2017

             Electronic Signature of Registered Agent   Date

Officer/Director Detail :

Title	DIRECTOR		Title	DIRECTOR, VP
Name	SOMMER, ARIAD		Name	PEREZ, LISA
Address	PO BOX 15223		Address	P.O. BOX 15223
City-State-Zip:	PLANTATION FL 33318		City-State-Zip:	PLANTATION FL 33318
Title	DIRECTOR		Title	DIRECTOR, TREASURER
Name	RAPACKE, ANDREW		Name	TALVITIE, HEIKKI
Address	P.O. BOX 15223		Address	P.O. BOX 15223
City-State-Zip:	PLANTATION FL 33318		City-State-Zip:	PLANTATION FL 33318
Title	DIRECTOR, PRESIDENT		Title	DIRECTOR
Name	HILAL, ELIAS		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			
Name	GERACI, SANDRA			
Address	P.O. BOX 15223			
City-State-Zip:	PLANTATION FL 33318			

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: HEIKKI TALVITIE   TREASURER   03/05/2017

             Electronic Signature of Signing Officer/Director Detail   Date