

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23784

FILED
Jan 07, 2024
Secretary of State
5139575806CC

Entity Name: CHELSEA III AT JACARANDA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O OASISCOMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
MARGATE, FL 33063

Current Mailing Address:

C/O OASISCOMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
MARGATE, FL 33063 US

FEI Number: 65-0055065

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAW OFFICES OF LEE H. BALLARD, P.A.
10100 W SAMPLE RD FL 3
CORAL SPRINGS, FL 33065-3975 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: LEE BALLARD, ESQ.

01/07/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name HOLDENOVA, SARKA
Address C/O OASISCOMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title TREASURER
Name CARDWELL-POLASKI, KATHARINE
Address C/O OASISCOMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title P
Name ALTSHULER, LANNY
Address C/O OASISCOMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title D
Name MYERS, TOM
Address C/O OASISCOMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 810
City-State-Zip: MARGATE FL 33063

Title VP
Name SOFFER, LYNN
Address C/O OASISCOMMUNITY MANAGEMENT
5100 W COPANS ROAD, STE 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: LANNY ALTSHULER

PRESIDENT

01/07/2024

Electronic Signature of Signing Officer/Director Detail

Date