

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744359

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

NEW COMMUNITY STRATEGIES  
4801 S. UNIVERSITY DRIVE SUITE 132  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

NEW COMMUNITY STRATEGIES  
4801 S. UNIVERSITY DRIVE SUITE 132  
DAVIE, FL 33328 US

**New Mailing Address:**

**FEI Number:** 65-0027585

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEW COMMUNITY STRATEGIES  
4801 S. UNIVERSITY DRIVE SUITE 132  
DAVIE, FL 33328 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: SARIOL, MARIE  
Address: 990 SW 93 AVE  
City-St-Zip: PLANTATION, FL 33324

Title: D  
Name: SHIEKMAN, JOHN  
Address: 960 SW 93RD AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: PD  
Name: MARKS, ALAN  
Address: 1040 SW 91ST AVENUE  
City-St-Zip: PLANTATION, FL 33324

Title: VD  
Name: HERBERT, RACHEL  
Address: 930 SW 93 AVE  
City-St-Zip: PLANTATION, FL

Title: TD  
Name: TRUTE, MELVYN  
Address: 1031 SW 93 TERR  
City-St-Zip: PLANTATION, FL 33324

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: ALAN MARKS

PD

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date