

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728902

**Entity Name:** JACARANDA VILLAS CONDOMINIUM NO. 2, INC.

**Current Principal Place of Business:**

8931 N NEW RIVER CANAL RD  
OFFICE  
PLANTATION, FL 33324

**Current Mailing Address:**

8931 N NEW RIVER CANAL RD  
OFFICE  
PLANTATION, FL 33324 US

**FEI Number:** 59-1573249

**Certificate of Status Desired:** No

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

JACARANDA VILLAS CONDOMINIUM NO. 2, INC.  
8931 N NEW RIVER CANAL RD  
OFFICE  
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:** DAVID SUAREZ

03/15/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CELUSNEK, MICHAEL  
Address        8931 N NEW RIVER CANAL RD  
                  OFFICE  
City-State-Zip: PLANTATION FL 33324

Title            VP  
Name            SUAREZ, DAVID  
Address        8931 N NEW RIVER CANAL RD  
                  OFFICE  
City-State-Zip: PLANTATION FL 33324

Title            SECRETARY  
Name            BRUNO, SIMONE  
Address        8931 N NEW RIVER CANAL RD  
                  OFFICE  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name            DICIOCCIO, PATRICIA  
Address        8931 N NEW RIVER CANAL RD  
                  OFFICE  
City-State-Zip: PLANTATION FL 33324

Title            TREASURER  
Name            KLEIN, MARLENE  
Address        8931 N NEW RIVER CANAL RD  
                  OFFICE  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name            HILTON, JOSEPH  
Address        8931 N NEW RIVER CANAL RD  
                  OFFICE  
City-State-Zip: PLANTATION FL 33324

Title            DIRECTOR  
Name            CYMER, RAFAL  
Address        8931 N NEW RIVER CANAL RD  
                  OFFICE  
City-State-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:** MARLENE KLEIN

TREASURER

03/15/2023

Electronic Signature of Signing Officer/Director Detail

Date