

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744359

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

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC1715516253**

**Current Principal Place of Business:**

NEW COMMUNITY STRATEGIES  
4350 OAKES RD SUITE 516  
DAVIE, FL 33314

**Current Mailing Address:**

NEW COMMUNITY STRATEGIES  
4350 OAKES RD SUITE 516  
DAVIE, FL 33314 US

**FEI Number: 65-0027585**

**Certificate of Status Desired: No**

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

SORKIN AND SORKIN, P.L.  
1535 NORTH PARK DRIVE  
SUITE 100  
WESTON , FL 33326 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: ROBIN SORKIN**

**04/25/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title T/D  
Name HERBERT, RACHEL  
Address 930 SW 93 AVE  
City-State-Zip: PLANTATION FL

Title VP  
Name TRUTE, MELVYN  
Address 1031 SW 93 TERR  
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: ALAN MARKS**

**PRESIDENT**

**04/25/2013**

Electronic Signature of Signing Officer/Director Detail

Date