

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744359

Entity Name: JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 29, 2019
Secretary of State
0156828441CC

Current Principal Place of Business:

515 E LAS OLAS BLVD
SUITE 120
FORT LAUDERDALE , FL 33301

Current Mailing Address:

515 E. LAS OLAS BLVD
SUITE 120
FORT LAUDERDALE, FL 33301 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

04/29/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name SARIOL, MARIE
Address 515 E LAS OLAS BLVD
120
City-State-Zip: FORT LAUDERDALE FL 33301

Title D
Name SHIEKMAN, JOHN
Address 515 E LAS OLAS BLVD
120
City-State-Zip: FORT LAUDERDALE FL 33301

Title PD
Name MARKS, ALAN
Address 515 E LAS OLAS BLVD
SUITE 120
City-State-Zip: FORT LAUDERDALE FL 33301

Title TD
Name HERBERT, RACHEL
Address 515 E LAS OLAS BLVD
SUITE 120
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP
Name TRUTE, MELVYN
Address 515 E LAS OLAS BLVD
SUITE 120
City-State-Zip: FORT LAUDERDALE FL 33301

Title DIRECTOR
Name JOE, EWART
Address 515 E. LAS OLAS BLVD
SUITE 120
City-State-Zip: FORT LAUDERDALE FL 33301

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

P

04/29/2019

Electronic Signature of Signing Officer/Director Detail

Date