

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744359

FILED
Feb 23, 2015
Secretary of State
CC8379533378

Entity Name: JACARANDA PARCEL 942 HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE PARKWAY SUITE 130
SUNRISE, FL 33323

Current Mailing Address:

VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE PARKWAY SUITE 130
SUNRISE, FL 33323 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

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SD
Name SARIOL, MARIE
Address VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE
PARKWAY SUITE 130
City-State-Zip: SUNRISE FL 33323

Title D
Name SHIEKMAN, JOHN
Address VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE
PARKWAY SUITE 130
City-State-Zip: SUNRISE FL 33323

Title PD
Name MARKS, ALAN
Address VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE
PARKWAY SUITE 130
City-State-Zip: SUNRISE FL 33323

Title TD
Name HERBERT, RACHEL
Address VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE
PARKWAY SUITE 130
City-State-Zip: SUNRISE FL 33323

Title VP
Name TRUTE, MELVYN
Address VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE
PARKWAY SUITE 130
City-State-Zip: SUNRISE FL 33323

Title D
Name MILLS, MIKE
Address VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE
PARKWAY SUITE 130
City-State-Zip: SUNRISE FL 33323

Title D
Name MARTINEZ, RICH
Address VESTA PROPERTY SERVICES
1580 SAWGRASS CORPORATE
PARKWAY SUITE 130
City-State-Zip: SUNRISE FL 33323

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: MARKS , ALAN

P

02/23/2015

