

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

DOCUMENT# 749842

**Entity Name:** JACARANDA WEST UNITS 31 & 32 HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 27, 2023**  
**Secretary of State**  
**4713978016CC**

**Current Principal Place of Business:**

CAPSTONE ASSOCIATION MANAGEMENT  
5602 MARQUESAS CIRCLE #101  
SARASOTA, FL 34233

**Current Mailing Address:**

CAPSTONE ASSOCIATION MANAGEMENT  
5602 MARQUESAS CIRCLE #101  
SARASOTA, FL 34233 US

**FEI Number: 59-1969226**

**Certificate of Status Desired: No**

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

CAPSTONE ASSOCIATION MANAGEMENT  
3277 FRUITVILLE RD BLDG B  
SARASOTA, FL 34237 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: DYLAN CLEMENTS**

**04/27/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HENRY, SUSAN  
Address        CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  5602 MARQUESAS CIRCLE #101  
City-State-Zip: SARASOTA FL 34233

Title           CHAIRMAN  
Name           BALDWIN, JOHN  
Address        CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  5602 MARQUESAS CIRCLE #101  
City-State-Zip: SARASOTA FL 34233

Title           SECRETARY  
Name           EVANGLISTA, LEANE  
Address        CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  5602 MARQUESAS CIRCLE #101  
City-State-Zip: SARASOTA FL 34233

Title           VP  
Name           FINNIE, TOM  
Address        CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  5602 MARQUESAS CIRCLE #101  
City-State-Zip: SARASOTA FL 34233

Title           DIRECTOR  
Name           THOMPSON, BARBARA  
Address        CAPSTONE ASSOCIATION  
                  MANAGEMENT  
                  5602 MARQUESAS CIRCLE #101  
City-State-Zip: SARASOTA FL 34233

*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: JOHN BALDWIN**

**PRESIDENT**

**04/27/2023**

Electronic Signature of Signing Officer/Director Detail

Date