

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10937

**FILED
Apr 16, 2015
Secretary of State
CC9417565490**

Entity Name: JACARANDA AT CENTRAL PARK RECREATION ASSOCIATION ONE, INC.

Current Principal Place of Business:

C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
TAMARAC, FL 33321

Current Mailing Address:

C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
TAMARAC, FL 33321 US

FEI Number: 59-2646227

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JENNINGS & VALANCY P.A.
311 SE 13TH STREET
FORT LAUDERDALE, FL 33316 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: STEVEN VALANCY

04/16/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GAINES, ELISSE
Address C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name BALAVRAM, CATHERINE
Address C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title TREASURER
Name STEWART, ARNOLD
Address C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title PRESIDENT
Name CERRETA, LINDA
Address C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name GILLESPIE, DARLENE
Address C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title DIRECTOR
Name STEIN, LINDA
Address C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321

Title VP
Name SACHS, CAROL
Address C/O CONSOLIDATED COMMUNITY MANAGEMENT, INC
7124 N NOB HILL RD
City-State-Zip: TAMARAC FL 33321

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: LINDA CERRETA

PRESIDENT

04/16/2015

