

**2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10937

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

**FILED**  
**Jun 18, 2014**  
**Secretary of State**  
**CC9648071921**

**Current Principal Place of Business:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 US

**FEI Number: 59-2646227**

**Certificate of Status Desired: No**

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

UNITED COMMUNITY MANGEMENT CORP.  
11784 WEST SAMPLE ROAD  
SUITE 103  
CORAL SPRINGS, FL 33065 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name GAINES, ELISSE  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name BALAVRAM, CATHERINE  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name STEWART, ARNOLD  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title P  
Name TIANVAN, SHIRELLE  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title ST  
Name CERRETA, LINDA  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name GILLESPIE, DARLENE  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name JONES, HUGH  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name WILLIAMS, BARBARA  
Address 11784 WEST SAMPLE ROAD  
SUITE 103  
City-State-Zip: CORAL SPRINGS FL 33065

*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: SHIRELLE TIANVAN**

**P**

**06/18/2014**

