

2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N10937

**FILED
Jul 28, 2016
Secretary of State
CC9473298157**

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:

STEVENS & GOLDWYN, P.A.
2 SOUTH UNIVERSITY DRIVE, SUITE 329
PLANTATION, FL 33324 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: JOHN STEVENS

07/28/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title PRESIDENT
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: CAROL SACHS

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07/28/2016

