FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 718546

(5)

PARK CITY HOME OWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address														
	H ST ALE FL 33324-1563	FT. LA	1620 SW BORD AVE FT. LAUDERDALE FL 33324-1563											
US		US						3.	Date Incorporated or Qual 05/14/1970	fied		te of Last 02/20/19		
2. Principal Pla	ace of Business	2a. Mail	2a. Mailing Address					4.	FEI Number				Applied For	
21		26						65-0100448					Not Applicable	
Suite, Apt. ≢	#, etc.		Suite, Apt. #, etc.					5.	Certificate of Status Desire	ed			Additional	
22		<u> </u>	27									· · · · · · · · · · · · · · · · · · ·	Required	
City & State		<u> </u>	City & State						Election Campaign Financ Trust Fund Contribution	ng			O May Be d to Fees	
Zip	Country	 	Zip Gou					_		u for int	anaible to	• • • • • • • • • • • • • • • • • • • •		
24	25	han ' han ' han '				 Y 8. This corporation has liability for intangible tax under s Florida Statutes Yes No 							199.002,	
	9. Name and Address of Curren		<u> </u>				10. Name and Address of Ne				v Registered Agent			
					81	Name	}		•					
TINNIREL	LO, JOYCE I			ŀ	82	Stree	L Addres	s (P.	O. Box Number is Not Acc	eotable	5		-	
1620 SW	83RD AVE					00.00	1110500	· (· ·		,				
FT. LAUD	DERDALE FL 33324				83				•					
				-	84	City	· · · · · · · · · · · · · · · · · · ·				FL	85 Zı	p Code	
11. Pursuant t	o the provisions of Sections 617,0502	and 617.150	08, Florida Statuti	es, the abov	/e-n	arned o	corporati	on si	ubmits this statement for th	ie purpo	ose of cha	inging its r	egistered office	
or registere familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of, Sect	da. Such cha ion 617.0503	nge was authoriz J. Florida-Statutes	ed by the co	orpx	oration'	s board	of dir	rectors. I hereby accept the	; appoin	itment as	registered	l agent. I am	
SIGNATURE !	JOUCE I. TINNIA		Jaye	C J. 6	Ź	x. x.	ire	l0.	W Section of the sect					
-	Signature typed or printed name of registored agent	and tille if appoint			ا ارزول	Lsignature	required w				DATE			
12.	OFFICERS AN	D DIRECTOR		13.			T 20.		ADDITIONS CHANGES TO	OFFIC			 	
TITLE	P NU CENT TANET		⊠ 0€rele	1.1 TIT			PR	ES	Dannens		t	Change	☐ Addition	
NAME	NILSEN, JANET 1881 SW 84TH AVENUE			1.2 NA			Be	HN	V, RAYMOND	Aux	_			
STREET ADDRESS	FT LAUDERDALE FL					ADDRESS	23	LO.	5 - Sirkali X 1 22	, , ,	159 A.	/		
CITY - ST - ZIP	VP		DELETE	1 4 CIT		T-ZIP	1. 1.	<u> </u>	AUDERDALE, F	5 :	<u> </u>	7 Change	Addition	
TITLÉ NAME	BEAN, RAYMOND		Doctor	2 2 NA								E) change	Addition	
STREET ADDRESS	2260 SW 87TH AVEN				-	ADDRESS	ELL	-10	H, Hampton S.W 83 AVE					
CITY-ST-ZIP	FT LAUDERDALE FL			2 4 CI			1760		5,00- 80 FIVE	ندبر	1371			
TITLE	T		DELETE	3 1 TIT		51-ZIF	1 6/1		LAUDIEDATE, FL		227	☐ Change	Addition	
NAME	TINNIRELLO, JOYCE			3 2 NA								_	_	
STREET ADDRESS	1620 SW 83 AVE			3 3 STI	REET	ADDRESS								
CITY - ST - ZIP	FT. LAUDERDALE FL			3.4 C)	TV - S	ST-ZIP								
TITLE	\$		DELETE	4.1 TIT	LΕ		SE	c. '+	t. ,		ſ	Change	Addition	
NAME	FRANK, LNYY			4. 2 NA	ME		Dit	HR	ach, MARILUN					
STHEET ADDRESS	8601 SW 19TH CT			4.3 ST	REET	ADDRESS	870	8	5.W. 16. St.					
CITY - ST - ZIP	FT LAUDERDALE FL			4.4 CIT	Y - S	T - ZIP	FOR	<u> </u>	LAUDERDALE, [7	333	24_		
TITLE	D		DELETE	5 1 7(LE				,		ſ	Change	Addition	
NAME	BAINES, ALBERT			5 2 NA	ME									
STREET ADDRESS	2020 SW 83 TERR			5 3 \$TI	R££T	ADDRESS	i							
CITY - ST - Z-P	FT. LAUDERDALE FL			5 4 CIT		T-ZIP								
TITLE	D THEODODE		DELETE	6 1 TIT							ı	Cnange	Addition	
NAME	ZYSK, THEODORE			6 2 NA	ME									
STREET ADDRESS	1961 SW 84TH AVE					ADDRESS	5							
CITY-ST-ZIP	FT. LAUDERDALE FL by certify that the information supplied	with this fire-	via voluatorilu f	6.4 CH			ualifi far	the -	evenution stated in Cartin	1100	7(0)(L) F1-	wida Ctat	too I familia	
certify that oath: that	ry certify that the information supplied t the information indicated on this anni I am an officer or director of the corpo n Block 12 or Block 13 if changed, or i	ual report or s oration or the	supplemental ann receiver or truste	nual report is se empower	tru	e and a	accurate	and	i that my signature shall hav	e the sa	ame legal	effect as it	f made under	

SIGNATURE:

Single of Line lead

-29-96, 305-47

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305-474-4154 Daytime Phone #