

FILE NOW: FILING FEE IS \$61.25

REINSTATEMENT

FILED

98 SEP -4 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N29797
1. Corporation Name
Parma Estates Home Owners ASSOCIATION, INC

Principal Place of Business: C/O West Broward Prop. Mgmt. 11530 State Road 84 Davie, FL 33325
Mailing Address: C/O West Broward Prop. Mgmt. 11530 State Road 84 Davie, FL 33325

REINSTATEMENT 97-98

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 12/20/88
3a. Date of Last Report: 9/1/98
4. FEI Number: 65-0485971
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Matthew P. Adams, Property Mgr.
C/O West Broward Property Mgmt.
11530 State Road 84
Davie, FL 33325

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: Matthew P. Adams, Property Mgr. DATE: 9/1/98

12. OFFICERS AND DIRECTORS

TITLE	P, D Bob Holowski	<input type="checkbox"/> DELETE
NAME	13491 S.W. 29th Ct.	
STREET ADDRESS	Davie, FL 33325	
CITY-ST-ZIP		
TITLE	T, D Rohan Ellis	<input type="checkbox"/> DELETE
NAME	13330 S.W. 29th Ct.	
STREET ADDRESS	Davie, FL 33325	
CITY-ST-ZIP		
TITLE	S, D Bernard Presler	<input type="checkbox"/> DELETE
NAME	13000 S.W. 29th Ct	
STREET ADDRESS	Davie, FL 33325	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bob Holowski DATE: 9/1/98 DAYTIME PHONE #: 954-359-7887

CR2E037 (9/96)