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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29797

1. Corporation Name
PARMA ESTATES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business C/O WEST BROWARD PROP. MGMT. 11530 STATE ROAD 84 DAVIE FL 33325 US	Mailing Address C/O WEST BROWARD PROP. MGMT. 11530 STATE ROAD 84 DAVIE FL 33325 US
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/20/1988
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	4. FEI Number 65-0485971
23. City & State	28. City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ADAMS, MATTHEW P P.M.
C/O WEST BROWARD PROP. 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 **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOHLAWSKI, BOB	
STREET ADDRESS	13491 S.W. 29TH COURT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ELLIS, ROHAN	
STREET ADDRESS	13330 S.W. 29TH CT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PRESLER, BERNARD	
STREET ADDRESS	13000 S.W. 29TH CT	
CITY-ST-ZIP	DAVIE FL 33325	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 checked="" type="checkbox"/> Addition
5.2 NAME	CICCOTELLI, DAN
5.3 STREET ADDRESS	13440 SW 29th CT
5.4 CITY-ST-ZIP	DAVIE, FL 33330
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D,VP KHOSAROW ROAF
6.3 STREET ADDRESS	13160 SW 29th CT
6.4 CITY-ST-ZIP	DAVIE, FL 33330

14. I 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, with all other like empowered.

SIGNATURE: BSIGNATURE REPRESENT 1/20/99 954-472-3820
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)