

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90045 007 ****61.25

DOCUMENT # N29797

1. Entity Name

PARMA ESTATES HOMEOWNERS ASSOCIATION, INC.

C0012544



DO NOT WRITE IN THIS SPACE

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 33325-4022 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0485971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. 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

7. Name and Address of New Registered Agent

Name **DAN CICCOTELLI**
 Street Address (P.O. Box Number is Not Acceptable)
13440 SW 29th CT
 City **DAVIE** FL Zip Code **33330**

8. 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 *Dan Ciccotelli* DATE **1-19-00**
Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME PD HOHLOWSKI, BOB STREET ADDRESS 13491 S.W. 29TH COURT CITY-ST-ZIP DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME TD ELLIS, ROHAN STREET ADDRESS 13330 S.W. 29TH CT CITY-ST-ZIP DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME SD PRESLER, BERNARD STREET ADDRESS 13000 S.W. 29TH CT CITY-ST-ZIP DAVIE FL 33325	<input type="checkbox"/> Delete
TITLE NAME D CICCOTELLI, DAN STREET ADDRESS 13440 SW 29TH CT CITY-ST-ZIP DAVIE FL 33330.	<input type="checkbox"/> Delete
TITLE NAME DVP KHOSAROW, ROAF STREET ADDRESS 13160 SW 29TH CT CITY-ST-ZIP DAVIE FL 33330	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME D, VP STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D, P STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dan Ciccotelli* DATE: **1-19-00** DAYTIME PHONE #: **954-370-9546**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)