


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N29797**


1. Entity Name  
**PARMA ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**ROHAN ELLIS**  
**13330 SW. 29TH CT.**  
**DAVIE, FL 33330**

Mailing Address  
**PARMA ESTATES**  
**P.O BOX 550526**  
**FORT LAUDERDALE, FL 33355 US**

**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

**ELLIS, ROHAN**  
**13330 SW. 29TH CT.**  
**DAVIE, FL 33330**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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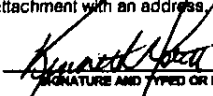
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ELLIS, ROHAN 13330 SW 29TH CT. DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKEAN, JOHN 13270 SW 29TH CT. DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS FORTIER, KEN 13181 SW 29TH CT DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRESLER, HONEY 13000 SW 29TH CT DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/07-80033-019 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **KENNETH R. FORTIER** **4/7/07** **954 6498316**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #