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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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

3. Date Incorporated or Qualified

12/20/1988

4. FEI Number

65-0485971

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **PD**
NAME **HOHLWSKI, BOB**
STREET ADDRESS **13491 S.W. 29TH COURT**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **TD** ☐ DELETE
NAME **ELLIS, ROHAN**
STREET ADDRESS **13330 S.W. 29TH CT**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE **SD** ☐ DELETE
NAME **PRESLER, BERNARD**
STREET ADDRESS **13000 S.W. 29TH CT**
CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ 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 ☐ Change ☒ Addition
6.2 NAME **D.V.P 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:

BSA/ANNUAL REPRESENTATIVE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99
Date

954-472-3820
Daytime Phone #

CR2E037 (11/98)