

**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
65-0485971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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 reports 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
KENNETH R. FORTIER

4/7/07

954 6498316

Date

Daytime Phone #