

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720965

**Entity Name:** PARK ACRES ESTATES ASSOCIATION, INC.

**FILED**  
**Mar 29, 2019**  
**Secretary of State**  
**7782880915CC**

**Current Principal Place of Business:**

1689 MAHAN CENTER BLVD  
B  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1689 MAHAN CENTER BLVD  
B  
TALLAHASSEE, FL 32308 US

**FEI Number: 59-1448997**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ANDERSON GIVENS ATTORNEYS & COUNSELORS AT LAW  
1689 MAHAN CENTER BLVD. SUITE B  
TALLAHASSEE, FL 32308 US

*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: JEREMY ANDERSON**

**03/29/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MCCOY, MARY E.  
Address        1689 MAHAN CENTER BLVD  
                  B  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            HENGESH, HAROLD  
Address        1689 MAHAN CENTER BLVD.  
                  B  
City-State-Zip: TALLAHASSEE FL 32308

Title            VP  
Name            BOEHME, CARLA  
Address        1689 MAHAN CENTER BLVD SUITE B  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            BAUMANN, MICHAEL  
Address        1689 MAHAN CENTER BLVD SUITE B  
City-State-Zip: TALLAHASSE FL 32308

Title            TREASURER  
Name            O'NEIL, LINDA  
Address        1689 MAHAN CENTER BLVD SUITE B  
City-State-Zip: TALLAHASSEE FL 32308

Title            DIRECTOR  
Name            METZ, FRED B.  
Address        1689 MAHAN CENTER BLVD  
                  B  
City-State-Zip: TALLAHASSEE FL 32308

Title            SECRETARY  
Name            METZ, JUDITH  
Address        1689 MAHAN CENTER BLVD  
                  B  
City-State-Zip: TALLAHASSEE FL 32308

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARY MCCOY**

**PRESIDENT**

**03/29/2019**

Electronic Signature of Signing Officer/Director Detail

Date