

**2013 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# 762170

**Entity Name:** PARLIAMENT EAST CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4227 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4227 NORTHLAKE BOULEVARD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 59-2237454

**Certificate of Status Desired:** No

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

KRIVOK, JAMES N  
1818 AUSTRALIAN AVENUE SOUTH  
SUITE 400  
W. PALM BEACH, FL 33409 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            WILSON, CHARLES  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            VP, DIRECTOR  
Name            LEONARDO, MARIO  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            DIRECTOR  
Name            SHAPER, ROSALIE  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            SECRETARY, DIRECTOR  
Name            SPODAK, NORMA  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            DIRECTOR  
Name            MULVIHILL, DOROTHY  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title            TREASURER, DIRECTOR  
Name            STOLLER, LISA  
Address        4227 NORTHLAKE BOULEVARD  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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:** LISA STOLLER

**TREASURER**

**10/16/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date