

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 05, 2020
Secretary of State
1430090747CC

Entity Name: PARKINSON ASSOCIATION OF GREATER DAYTONA BEACH, INC.

Current Principal Place of Business:

555 W. GRANADA BLVD.
STE. A-1
ORMOND BEACH, FL 32174

Current Mailing Address:

P. O. BOX 4193
ORMOND BEACH, FL 32175

FEI Number: 20-0678283

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHECTER, RANDAL L
175 W GRANADA BLVD, STE. 201
ORMOND BEACH, FL 32174 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 P
Name VINCE, KINSLER
Address 555 W. GRANADA DR STE. A-1
City-State-Zip: ORMOND BEACH FL 32174

Title S
Name DAWSON, NANCY
Address 55 KNOLLWOOD ESTATES DR
City-State-Zip: ORMOND BEACH FL 32174

Title T
Name SIPES, KEN
Address 355 APPLGATE LNDG
City-State-Zip: ORMOND BEACH FL 32174

Title MEMB
Name LAUTURNER, ELLEN
Address 134 RIVER BLUFF DR
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name O'MALIA, MATT
Address 500 SHADOW LAKES BLVD #52
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name GERMAN, AKISIA
Address 1500 VIRGINIA AVE #115
City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR
Name ATANASOSKI, CHRISTINA
Address 2209 LAKE SYLVAN OAKS CT
City-State-Zip: SANFORD FL 32771

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: KEN SIPES

T

02/05/2020

Electronic Signature of Signing Officer/Director Detail

Date