

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006974

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC5044699295**

**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 LEE, DIANA  
Address 168 HERITAGE CIRCLE  
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 1780 PIEDMONT PLACE  
City-State-Zip: LAKE MARY FL 32746

*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**

**TREASURER**

**01/09/2017**

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

\_\_\_\_\_  
Date