## **2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000006974

Entity Name: PARKINSON ASSOCIATION OF GREATER DAYTONA BEACH,

INC.

FILED
Jan 11, 2022
Secretary of State
0635553975CC

## **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 US

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

Officer/Director Detail:

Title P Title S

Name VINCE, KINSLER Name DAWSON, NANCY

Address 555 W. GRANADA DR STE. A-1 Address 55 KNOLLWOOD ESTATES DR
City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title T Title MEMB

NameSIPES, KENNameLAUTURNER, ELLENAddress355 APPLEGATE LNDGAddress134 RIVER BLUFF DR

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

Name O'MALIA, MATT Name GERMAN, AKISIA

Address 500 SHADOW LAKES BLVD Address 1500 VIRGINIA AVE

#115

City-State-Zip: ORMOND BEACH FL 32174 City-State-Zip: DAYTONA BEACH FL 32114

Title DIRECTOR

Name ATANASOSKI, CHRISTINA Address 134 RIVER BLUFF DR

#52

City-State-Zip: ORMOND BEACH FL 32174

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 01/11/2022

Date