2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006974

Entity Name: PARKINSON ASSOCIATION OF GREATER DAYTONA BEACH,

INC.

FILED
Jan 19, 2024
Secretary of State
6154109273CC

Current Principal Place of Business:

16 JOLYNN DR

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

Date

Officer/Director Detail:

Title P Title S

Name VINCE, KINSLER Name DAWSON, NANCY

Address 16 JOLYNN DR 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 DRCity-State-Zip:ORMOND BEACH FL 32174City-State-Zip:ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

NameO'MALIA, MATTNameATANASOSKI, CHRISTINAAddress502 SHADOW LAKES BLVDAddress134 RIVER BLUFF DRCity-State-Zip:ORMOND BEACH FL 32174City-State-Zip:ORMOND BEACH FL 32174

Title DIRECTOR Title DIRECTOR

Name KEEBAUGH, ALAINE Name CHAPIN, MARIANNE

Address 369 SAWMILL LN Address 90 AQUA CT

City-State-Zip: PONTE VERDE FL 32082 City-State-Zip: NEW SMYRNA BEACH FL 32168

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 01/19/2024