

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

DOCUMENT# N05000003670

**Entity Name:** THE PARK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

612 PARKSIDE CIRCLE  
CRAWFORDVILLE, FL 32327-7419

**Current Mailing Address:**

PO BOX 161  
CRAWFORDVILLE, FL 32327 US

**FEI Number:** 20-3182527

**Certificate of Status Desired:** Yes

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

KOGER, KARI  
612 PARKSIDE CIRCLE  
CRAWFORDVILLE, FL 32327-7419 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:** KARI KOGER

04/01/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HAMPTON, JIM  
Address        PO BOX 161  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            VP  
Name            ATKINSON, RYAN  
Address        PO BOX 161  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            VP  
Name            DERRENERGER, SHAWN  
Address        PO BOX 161  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            TREASURER  
Name            KOGER, KARI  
Address        PO BOX 161  
City-State-Zip: CRAWFORDVILLE FL 32327

Title            SECRETARY  
Name            CAMARA, MARIA  
Address        PO BOX 161  
City-State-Zip: CRAWFORDVILLE FL 32327

*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:** KARI KOGER

**TREASURER**

04/01/2022

Electronic Signature of Signing Officer/Director Detail

Date