

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003670

FILED
Mar 22, 2016
Secretary of State
CC2301167518

Entity Name: THE PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

644 CAPITAL CIR NE
TALLAHASSEE, FL 32301

Current Mailing Address:

P.O. BOX 13089
TALLAHASSEE, FL 32317 US

FEI Number: 20-3182527

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHINEHART, ROBERT S
644 CAPITAL CIR NE
TALLAHASSEE, FL 32301 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: ROBERT S RHINEHART

03/22/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name GIDDENS, DUANE
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title SECRETARY
Name ANZALONE, WENDY
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title TREASURER
Name HUGHES, JESSICA
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title MANAGER
Name RHINEHART, ROBERT
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title PRESIDENT
Name MOREEN, JENNIFER
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name TOTH, TIM
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name MOORE, JERRY
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

Title DIRECTOR
Name MOORE, VIRGINIA
Address P.O. BOX 13089
City-State-Zip: TALLAHASSEE FL 32317

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: ROBERT S RHINEHART

MANAGER

03/22/2016

Electronic Signature of Signing Officer/Director Detail

Date