

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003670

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

04/10/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

Title OTHER
Name RHINEHART, ROBERT
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 RHINEHART

OTHER

04/10/2014

Electronic Signature of Signing Officer/Director Detail

Date