## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003351

Entity Name: PARK SQUARE CITYHOMES ASSOCIATION, INC.

FILED
Apr 13, 2023
Secretary of State
3849208175CC

## **Current Principal Place of Business:**

C/O MERIT, INC. 1460 OAKFIELD DR. BRANDON, FL 33511

## **Current Mailing Address:**

C/O MERIT, INC. 3433 LITHIA PINECREST RD. #301 VALRICO, FL 33596 US

FEI Number: 06-1782500 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MERIT, INC. 1460 OAKFIELD DRIVE BRANDON, FL 33511 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:

\_\_\_\_\_

Officer/Director Detail:

Title SECRETARY Title DIRECTOR

Name DEFONZO, PHYLLIS Name CABALLERO, DANIEL

Address C/O MERIT, INC. Address C/O MERIT, INC.

3433 LITHIA PINECREST RD. #301 3433 LITHIA PINECREST RD. #301

City-State-Zip: VALRICO FL 33596 City-State-Zip: VALRICO FL 33596

Title PRESIDENT Title TREASURER

Name DEFONZO, PETER Name SCHMIDT, CHARLES

Address C/O MERIT, INC. Address C/O MERIT, INC.

3433 LITHIA PINECREST RD. #301 3433 LITHIA PINECREST RD. #301

City-State-Zip: VALRICO FL 33596 City-State-Zip: VALRICO FL 33596

Title VP

Name KANDARAPPALLIL, LESLIE

Address C/O MERIT, INC.

3433 LITHIA PINECREST RD. #301

City-State-Zip: VALRICO FL 33596

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: PETER DEFONZO PRESIDENT 04/13/2023

Date