

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003351

Entity Name: PARK SQUARE CITYHOMES ASSOCIATION, INC.**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:**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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	SECRETARY
Name	DEFONZO, PHYLLIS
Address	C/O MERIT, INC. 3433 LITHIA PINECREST RD. #301
City-State-Zip:	VALRICO FL 33596

Title	DIRECTOR
Name	CABALLERO, DANIEL
Address	C/O MERIT, INC. 3433 LITHIA PINECREST RD. #301
City-State-Zip:	VALRICO FL 33596

Title	PRESIDENT
Name	DEFONZO, PETER
Address	C/O MERIT, INC. 3433 LITHIA PINECREST RD. #301
City-State-Zip:	VALRICO FL 33596

Title	TREASURER
Name	SCHMIDT, CHARLES
Address	C/O MERIT, INC. 3433 LITHIA PINECREST RD. #301
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****04/22/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date