## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003351

Entity Name: PARK SQUARE CITYHOMES ASSOCIATION, INC.

**FILED** Apr 30, 2024 **Secretary of State** 3040083179CC

## **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:

**PRESIDENT** Title Title **TREASURER** 

TEWES, ROBERT Name Name CABALLERO, DANIEL

Address C/O MERIT, INC. Address C/O MERIT, INC. 3433 LITHIA PINECREST RD. #301

3433 LITHIA PINECREST RD. #301

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

Title VΡ Title **SECRETARY** 

DIONNE, JENNIFER Name CHADWELL, JODI Name

C/O MERIT, INC. Address C/O MERIT, INC. Address 3433 LITHIA PINECREST RD. #301 3433 LITHIA PINECREST RD. #301

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

Title **DIRECTOR** 

KANDARAPPALLIL, LESLIE Name

C/O MERIT, INC. Address

3433 LITHIA PINECREST RD. #301

VALRICO FL 33596 City-State-Zip:

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.

04/30/2024 SIGNATURE: ROBERT TEWES **PRESIDENT**