# 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.

MRG

SIGNATURE: MAURICE MCCRACKEN

Electronic Signature of Signing Officer/Director Detail

# DOCUMENT# N08000001900 Entity Name: PARK CENTER I OWNERS ASSOCIATION, INC.

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

1708 SABAL PALM DR EDGEWATER, FL 32132

## **Current Mailing Address:**

1708 SABAL PALM DR EDGEWATER, FL 32132 US

### FEI Number: 26-2063016

### Name and Address of Current Registered Agent:

MCCRACKEN, MAURICE JR. 210 PARKTOWER BLVD. EDGEWATER, FL 32132 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: MAURICE MCCRACKEN

Electronic Signature of Registered Agent

#### Officer/Director Detail :

TitleDNameMCCRACKEN, MAURICE JR.Address160 GODFREY ROADCity-State-Zip:EDGEWATER FL 32141

Certificate of Status Desired: No

02/16/2022 Date

Date

02/16/2022