

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29797

**FILED
Mar 25, 2020
Secretary of State
9905173216CC**

Entity Name: PARMA ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PARMA ESTATES HOA, INC.
P.O. BOX NUMBER 550526
FORT LAUDERDALE, FL 33355

Current Mailing Address:

PARMA ESTATES HOA, INC.
P.O. BOX 550526
FORT LAUDERDALE, FL 33355 US

FEI Number: 65-0485971

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MITCHELL, KIMBERLY
PARMA ESTATES HOA, INC.
P.O. BOX NUMBER 550526
FORT LAUDERDALE, FL 33355 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: KIMBERLY MITCHELL

03/25/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title S
Name HENRIQUEZ, MICHAEL
Address P.O. BOX 550525
City-State-Zip: FORT LAUDERDALE FL 33355

Title T
Name MITCHELL, KIMBERLY
Address P.O. BOX 550526
City-State-Zip: FORT LAUDERDALE FL 33355

Title D
Name POWELL, GERHARD
Address P.O. BOX 550526
City-State-Zip: FORT LAUDERDALE FL 33355

Title VP
Name ELLIS, ALTHIA
Address P.O. BOX 550526
City-State-Zip: FORT LAUDERDALE FL 33355

Title P
Name GELARDI, JEANNE
Address PARMA ESTATES HOA, INC.
P.O. BOX 550526
City-State-Zip: FORT LAUDERDALE FL 33355

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: KIMBERLY MITCHELL

T

03/25/2020

Electronic Signature of Signing Officer/Director Detail

Date