

2017 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N29797

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:

THOMPSON-SAMUELS, AVA N
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: AVA N. THOMPSON-SAMUELS

09/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name THOMPSON-SAMUELS, AVA N
Address PARMA ESTATES HOA, INC.
P.O. BOX NUMBER 550526
City-State-Zip: FORT LAUDERDALE FL 33355

Title VP
Name ONTANEDA, INDIRA
Address PARMA ESTATES HOA, INC.
P.O. BOX NUMBER 550526
City-State-Zip: FORT LAUDERDALE FL 33355

Title T
Name HOOD, RICHARD
Address PARMA ESTATES HOA, INC.
P.O. BOX NUMBER 550526
City-State-Zip: FORT LAUDERDALE FL 33355

Title S
Name WALTERS, JOY L
Address PARMA ESTATES HOA, INC.
P.O. BOX NUMBER 550526
City-State-Zip: FORT LAUDERDALE FL 33355

Title DIRECTOR
Name HENRIQUEZ, MICHAEL
Address PARMA ESTATES HOA, INC.
P.O. BOX NUMBER 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: RICHARD HOOD

TREASURER

09/27/2017

Electronic Signature of Signing Officer/Director Detail

Date