

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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:**SHEEDY, DAVID J  
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:** DAVID SHEEDY

04/28/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SHEEDY, DAVID J  
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:** DAVID SHEEDY

PRESIDENT

04/28/2018

Electronic Signature of Signing Officer/Director Detail

Date