

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000017961

Entity Name: PAR 4 HOME OWNERS ASSOCIATION L.L.C**Current Principal Place of Business:**1534 NW 45TH STREET
POMPANO BEACH, FL 33064**Current Mailing Address:**1534 NW 45TH STREET
POMPANO BEACH, FL 33064 US**FEI Number:** 11-3839155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOPES, MARIO F
1534 NW 45TH STREET
POMPANO BEACH, FL 33064 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**Authorized Person(s) Detail :**

Title	MGRM
Name	LOPES, MARIO F
Address	1534 NW 45TH STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	MGRM
Name	MYERS, WARREN
Address	1532 NW 45TH STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	MGRM
Name	ROMKO, MARCEL
Address	1536 NW 45TH STREET
City-State-Zip:	POMPANO BEACH FL 33064

Title	MGRM
Name	ADAMS, DUSTIN
Address	1530 NW 45TH STREET
City-State-Zip:	POMPANO BEACH FL 33064

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIO F. LOPES

MGRM

03/01/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date