

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90339 001 ****61.25
02-23-2004 90339 002 *****8.75

DOCUMENT # 701009

1. Entity Name
PARRY VILLAGE, INC.



Principal Place of Business
**4146 88 COURT SOUTH
BOYNTON BEACH, FL 33436**

Mailing Address
**4146 88 COURT SOUTH
BOYNTON BEACH, FL 33436**

00402930



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01312004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-6064398

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JORDAN, EMORY C., III
2328 TENTH AVE NO. SUITE 300
LAKE WORTH, FL 33461**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
NAME **FARMER, JOHN**
STREET ADDRESS **4082 88 PL S**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE **VP** ☒ Change ☐ Addition
NAME **GERALD HEIKKILA**
STREET ADDRESS **4187 88 COURT S**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **D** ☐ Delete
NAME **LAYMAN, DOUG K**
STREET ADDRESS **4102 88 COURT S**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BEVERLY, BOB**
STREET ADDRESS **4119 88 PL S**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **FREEMAN, FRED**
STREET ADDRESS **4131 88 PLACE S**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **P** ☒ Change ☐ Addition
NAME **FREEMAN, FRED**
STREET ADDRESS **4131 88 PLACE S**
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE **T** ☐ Delete
NAME **WILLIAMS, CLAUDETTE**
STREET ADDRESS **4175 88TH PLACE SOUTH**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RICE-DOYLE, BARBARA**
STREET ADDRESS **4200 88TH PL. SO.**
CITY-ST-ZIP **BOYNTON BEACH, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED FREEMAN

Date

Daytime Phone #

09-04 561-7381353