


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90179 040 \*\*\*\*61.25

<b>DOCUMENT # 701009</b>	
1. Entity Name <b>PARRY VILLAGE, INC.</b>	

Principal Place of Business <b>4146 88 COURT SOUTH BOYNTON BEACH FL 33436</b>	Mailing Address <b>4146 88 COURT SOUTH BOYNTON BEACH FL 33436</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent <b>JORDAN, EMORY C., III 2328 TENTH AVE NO. SUITE 300 LAKE WORTH FL 33461</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V HEIKKILA, GERALD 4187 88 COURT S BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D LAYMAN, DOUG K 4102 88 COURT S BOYNTON BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D BEVERLY, BOB 4119 88 PL S BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SECRETARY JAN PONT BRIANT 4134 88th PLACE SO. BOYNTON BEACH, FL. 33436</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P FREEMAN, FRED 4131 88 PLACE S BOYNTON BEACH FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DIRECTOR LOLA LEONARD 4135 88th CT. SOUTH BOYNTON BEACH, FL. 33436</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T WILLIAMS, CLAUDETTE 4175 88TH PLACE SOUTH BOYNTON BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DIRECTOR WILLIAMS, CLAUDETTE 4175 88th PLACE SO. BOYNTON BEACH, FL. 33436</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D PONTBRIANT, DONALD 4140 88TH PL S BOYNTON BEACH FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER DEBRA SCHULTZ 8806 40 TERRACE SO. BOYNTON BEACH, FL. 33436</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:**  **Frederick Feb 20 - 06**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

## ATTACHMENT

**Parry Village, Inc.** 40026885 4146 88<sup>th</sup> Court South  
Boynton Beach FL 33436

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***A Self-Owned and Managed Mobile Home Community  
Located on Lawrence Road, Just South of Gateway Blvd.***

Florida Dept. Of State  
Division of Corporations  
Annual Report Section  
PO Box 6850  
Tallahassee, FL 32314

Re: Parry Village Inc,  
Doc # 701009

This letter is just to clarify our entries on the form .

This year we have made a few changes to our officers and Board of Directors

Claudette Williams, who was our Treasurer, she is now a Director on the Board.

Debra Schmeltzer -Treasurer

Jan Pontbriant - Secretary

Lola Leonard -Director

The other officers have remained the same. If you have any further questions please let us know.

Thank you.  
Sincerely,



Debra Schmeltzer  
Treasurer  
Parry Village Inc.