

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769746

Entity Name: PARK CENTRAL OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**2400 NORTH COMMERCE PARKWAY
WESTON, FL 33326**Current Mailing Address:**8711 RIVER CROSSING BLVD.
INDIANAPOLIS, IN 46240 US**FEI Number:** 59-2378666**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title DP
Name BROWN, J. CHRISTOPHER
Address 3715 DAVINCI CT., SUITE 300
City-State-Zip: NORCROSS GA 30092

Title DVP
Name NELSON, FABIENNE
Address 2400 NORTH COMMERCE PARKWAY
City-State-Zip: WESTON FL 33326

Title SEC
Name PARKER, TAMMI D
Address 3715 DAVINCI COURT, SUITE 300
City-State-Zip: NORCROSS GA 30092

Title TREA
Name WAGGONER, AMANDA
Address 8711 RIVER CROSSING BLVD.
City-State-Zip: INDIANAPOLIS IN 46240

Title D
Name CLOSE, BOB
Address 2400 NORTH COMMERCE PARKWAY
City-State-Zip: WESTON FL 33326

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: TAMMI PARKER**SECRETARY****03/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date