

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002118

**FILED**  
**Jan 17, 2014**  
**Secretary of State**  
**CC0992947124**

**Entity Name:** PARKCREST HARBOUR ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

700 S HARBOUR ISLAND BLVD  
TAMPA, FL 33602

**Current Mailing Address:**

700 S HARBOUR ISLAND BLVD  
TAMPA, FL 33602

**FEI Number:** 20-2444325

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RABIN PARKER, P.A.  
28163 U.S. HWY, 19 N., SUITE 207  
CLEARWATER, FL 33761 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           PRESIDENT  
Name           WEINER, ANDREW  
Address        700 S. HARBOUR ISLAND BLVD  
City-State-Zip: TAMPA FL 33602

Title           TREASURER  
Name           BURNETTE, CYNTHIA  
Address        700 S. HARBOUR ISLAND BLVD  
City-State-Zip: TAMPA FL 33602

Title           SECRETARY  
Name           WOLFE, ADAM  
Address        700 S HARBOUR ISLAND BLVD  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           DENG, PETER  
Address        700 S HARBOUR ISLAND BLVD  
City-State-Zip: TAMPA FL 33602

Title           VICE PRESIDENT  
Name           JOHNSTON, ANNE  
Address        700 S HARBOUR ISLAND BLVD  
City-State-Zip: TAMPA FL 33602

*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: ANDREW WEINER**

**PRESIDENT**

**01/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date