

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002118

Entity Name: PARKCREST HARBOUR ISLAND CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 01, 2021
Secretary of State
4751834414CC

Current Principal Place of Business:

C/O FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N 100
SAINT PETERSBURG, FL 33716

Current Mailing Address:

C/O FIRSTSERVICE RESIDENTIAL
2870 SCHERER DR N 100
SAINT PETERSBURG, FL 33716 US

FEI Number: 20-2444325

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RABIN PARKER GURLEY, P.A.
28059 US HWY 19 N., SUITE 301
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 JOHNSTON, ANNE
Address C/O FIRSTSERVICE RESIDENTIAL
 2870 SCHERER DR N 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title VP
Name BURNETTE, CYNTHIA
Address C/O FIRSTSERVICE RESIDENTIAL
 2870 SCHERER DR N 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title TREASURER
Name MCPHERSON, KATHLEEN
Address C/O FIRSTSERVICE RESIDENTIAL
 2870 SCHERER DR N 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title SECRETARY
Name KALEEL, DAVID
Address C/O FIRSTSERVICE RESIDENTIAL
 2870 SCHERER DR N 100
City-State-Zip: SAINT PETERSBURG FL 33716

Title DIRECTOR
Name ROZZO, ROBERT
Address C/O FIRSTSERVICE RESIDENTIAL
 2870 SCHERER DR N 100
City-State-Zip: SAINT PETERSBURG FL 33716

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: ANNE JOHNSTON

PRESIDENT

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date