

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000002118

**FILED**  
**Apr 30, 2019**  
**Secretary of State**  
**5214646760CC**

**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            JOHNSTON, ANNE  
Address        700 S. HARBOUR ISLAND BLVD  
City-State-Zip: TAMPA FL 33602

Title            VP  
Name            GRECO, RICHARD  
Address        700 S HARBOUR ISLAND BLVD  
City-State-Zip: TAMPA FL 33602

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

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

Title            DIRECTOR  
Name            POWELL, JANE  
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: ANNE JOHNSTON**

**PRESIDENT**

**04/30/2019**

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

\_\_\_\_\_  
Date