

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000007564

Entity Name: MENENDEZ PARK ASSOCIATION, INC.

Current Principal Place of Business:

1375 RIVIERA STREET
SAINT AUGUSTINE, FL 32080

Current Mailing Address:

P.O. BOX 840076
ST. AUGUSTINE, FL 32080 US

FEI Number: 84-2553552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANSBACHER LAW, P.A.
8818 GOODBYS EXECUTIVE DRIVE
JACKSONVILLE, FL 32217 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 CH
Name PANKEN, DAVID
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name OLSON, BARBARA
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title T
Name SILEO, ROBERT
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name POMAR, LONNIE
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title D
Name MYRICK, SALLY
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name DIXON, PAUL
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title SECRETARY
Name COCKCROFT, KAREN
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name SCATA, KAREN
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

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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: DAVID PANKEN

CHAIR

03/28/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title D
Name BRADY, LILLIAN
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name LIABRAATEN, JERRY
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name PINDZIA, TORI
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title VC
Name KING, MICHAEL
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name RIVES, PAULA
Address 8818 GOODBYS EXECUTIVE DRIVE
City-State-Zip: JACKSONVILLE FL 32217