

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31290

Entity Name: PARK VILLAGE HOMEOWNERS ASSOCIATION OF RUSKIN, INC.**FILED**
Mar 08, 2016
Secretary of State
CC7591405808**Current Principal Place of Business:**2035 PARK VILLAGE DR.
RUSKIN, FL 33570**Current Mailing Address:**2035 PARK VILLAGE DR.
RUSKIN, FL 33570**FEI Number: 59-2936256****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**ROBERTS, EMMA L
2035 PARK VILLAGE DR
RUSKIN, FL 33570 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	PD	Title	VD
Name	COON, ROBERT	Name	ROBERTS, GREGORY B
Address	2028 PARK VILLAGE DR	Address	2029 PARK VILLAGE DR
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	RUSKIN FL 33570
Title	SD	Title	TD
Name	VAZQUEZ, LINDA	Name	ROBERTS, EMMA L
Address	2015 PARK VILLAGE DR	Address	2035 PARK VILLAGE DR
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	RUSKIN FL 33570
Title	D	Title	DIRECTOR
Name	RASMUSSEN, PHILIP	Name	VELIZ, PEDRO
Address	2004 PARK VILLAGE DR	Address	2021 PARK VILLAGE DR
City-State-Zip:	RUSKIN FL 33570	City-State-Zip:	RUSKIN FL 33570
Title	DIRECTOR		
Name	SMITH, JACKIE		
Address	2009 PARK VILLAGE DR.		
City-State-Zip:	RUSKIN FL 33570		

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: ROBERT COON**PRESIDENT****03/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date