

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000038992

**Entity Name:** OPA LOCKA - PARK CITY, INC.

**Current Principal Place of Business:**

C/O OPA LOCKA CDC  
490 OPA LOCKA BLVD., SUITE 20  
OPA LOCKA, FL 33054

**Current Mailing Address:**

C/O OPA LOCKA CDC  
490 OPA LOCKA BLVD., SUITE 20  
OPA LOCKA, FL 33054 US

**FEI Number:** 65-0421308

**Certificate of Status Desired:** Yes

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

BALDWIN, STEPHANIE  
C/O OPA LOCKA CDC  
490 OPA LOCKA BLVD., SUITE 20  
OPA LOCKA, FL 33054 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  
Name LOGAN, WILLIE FJR  
Address 490 OPA-LOCKA BOULEVARD  
City-State-Zip: OPA-LOCKA FL 33054

Title VP  
Name WILLIAMS-BALDWIN, STEPHANIE  
Address 490 OPA-LOCKA BOULEVARD  
City-State-Zip: OPA-LOCKA FL 33054

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHANIE WILLIAMS-BALDWIN

SVP

01/21/2014

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

\_\_\_\_\_  
Date