## 2015 FLORIDA PROFIT CORPORATION AMENDED 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

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

OPA-LOCKA COMMUNITY DEVELOPMENT CORPORATION 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.

The above named entity submits this statement for the purpose of changing its registered onice or registered agent, or both, in the State of Horida.						
SIGNATURE	STEPHANIE WILLIAMS-BALDWIN			01/16/2015		
	Electronic Signature of Registered Agent			Date		
Officer/Director Detail :						
Title	PD	Title	VP			
Name	LOGAN, WILLIE FJR	Name	WILLIAMS-BALDWIN, STEPHAN	IE		
Address	490 OPA-LOCKA BOULEVARD	Address	490 OPA-LOCKA BOULEVARD			
City-State-Zip:	OPA-LOCKA FL 33054	City-State-Zip:	OPA-LOCKA FL 33054			
Title	CHAIRMAN	Title	VC			
Name	HOLLOWAY, WILBERT T	Name	DURHAM, BERNARD			
Address	C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 20	Address	C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 2	20		
City-State-Zip:	OPA LOCKA FL 33054	City-State-Zip:	OPA LOCKA FL 33054			
Title	SECRETARY	Title	TREASURER			
Name	ALICE-BROWN, MARY	Name	COWINS, BILL			
Address	C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 20	Address	C/O OPA LOCKA CDC 490 OPA LOCKA BLVD., SUITE 2	20		
City-State-Zip:	OPA LOCKA FL 33054	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	01/16/2015
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Electronic Signature of Signing Officer/Director Detail

# FILED Jan 16, 2015 Secretary of State CC7307653085

Certificate of Status Desired: No

Date