
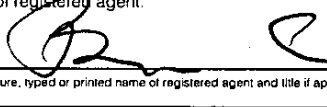
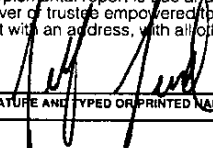


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90128 020 ****61.25

DOCUMENT # 755616					
1. Entity Name PALM VIEW WATERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 4975 VICEROY STREET CAPE CORAL, FL 33904 US		Mailing Address 506 SW 47TH TERRACE CAPE CORAL, FL 33914 US			
2. Principal Place of Business 9411 Cypress Lake Dr Suite, Apt. #, etc. Suite 2		3. Mailing Address 9411 Cypress Lake Dr Suite, Apt. #, etc. Suite 2		04062005 Chg-NP CR2E037 (10/03)	
City & State Fort Myers, FL		City & State Fort Myers, FL		4. FEI Number 04-1282028	
Zip 33919 Country US		Zip 33919 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRIFXA, BEVERLY C-21 SUNBELT REALTY 506 SW 47TH TERRACE CAPE CORAL, FL 33914			7. Name and Address of New Registered Agent Name Bryan Cruz Street Address (P.O. Box Number is Not Acceptable) 9411 Cypress Lake Dr Suite 2 City Fort Myers FL Zip Code 33919		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JUDY, JEFFREY J		NAME		
STREET ADDRESS	4975 VICEROY ST #205		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLARK, JAY		NAME		
STREET ADDRESS	4591 NE 28 LANE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, HELEN M		NAME		
STREET ADDRESS	4975 VICEROY ST #203		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BUDNICK, JOSEPH		NAME		
STREET ADDRESS	4975 VICEROY ST #209		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MYERS, ELAINE		NAME	Joe Cody	
STREET ADDRESS	4975 VICEROY ST #204		STREET ADDRESS	67 Forest Hill Drive	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Farmington, CT 06034	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date 4-19-05		Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #