

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755616

FILED  
Mar 26, 2010  
Secretary of State

**Entity Name:** PALM VIEW WATERS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

SCHOO MANAGEMENT  
9411-2 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919 US

**New Principal Place of Business:**

1319 MIRAMAR ST  
SUITE 101  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

SCHOO MANAGEMENT  
9411-2 CYPRESS LAKE DRIVE  
FORT MYERS, FL 33919 US

**New Mailing Address:**

1319 MIRAMAR ST  
SUITE 101  
CAPE CORAL, FL 33904 US

**FEI Number:** 04-1282028

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHOO, PATRICIA  
C/O SCHOO MANAGEMENT  
9411 CYPRESS LAKE DR #2  
FORT MYERS, FL 33919 US

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

ZUNINO, PAOLA  
1319 MIRAMAR ST  
UNIT 10  
CAPE CORAL, FL 33904 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: PAOLA ZUNINO

03/26/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SATALA, THOMAS J  
Address: 4975 VICEROY ST #201  
City-St-Zip: CAPE CORAL, FL 33904

Title: PD  
Name: MORRIS, JOHN  
Address: 4938 VICEROY STREET #106  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD  
Name: BYERS, ROBERT  
Address: 4938 VICEROY STREET 102  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: TD  
Name: ZARISH, JOE  
Address: 4975 VICEROY STREET 202  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VPD  
Name: BUDNICK, JOE  
Address: 4938 VICEROY STREET #108  
City-St-Zip: CAPE CORAL, FL 33904

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: JOHN MORRIS

PD

03/26/2010

Electronic Signature of Signing Officer or Director

Date