

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 11, 2006  
Secretary of State**

DOCUMENT# N04000004332

Entity Name: PARKVIEW RESIDENCES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2645 N.E. 207TH STREET  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2645 N.E. 207TH STREET  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 56-2456419      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LEOPOLD, KORN & LEOPOLD, P.A.  
20801 BISCAYNE BOULEVARD  
SUITE 501  
AVENTURA, FL 33180 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MITRANI, ELIAS  
Address: 2645 N.E. 207TH STREET  
City-St-Zip: NORTH MIAMI, FL 33180

Title: VTD ( ) Delete  
Name: MITRANI, AIDA  
Address: 2645 N.E. 207TH STREET  
City-St-Zip: NORTH MIAMI, FL 33180

Title: SD ( ) Delete  
Name: SAWICKI, ELIZABETH  
Address: 2645 N.E. 207TH STREET  
City-St-Zip: NORTH MIAMI, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRAD THOM

Electronic Signature of Signing Officer or Director

ACT

01/11/2006

Date