

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004332

FILED
Apr 30, 2009
Secretary of State

Entity Name: PARKVIEW RESIDENCES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

NE 11TH AVE
631,633,635,637,639,641
FT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

750 SE 3RD AVE
SUITE 202
FT LAUDERDALE, FL 33116

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:

WELSH REALTY AND PROPERTY MAN SER
750 SE 3RD AVE
SUITE 202
FT LAUDERDALE, FL 33316 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: STEPHEN, ROBERT BRUCE
Address: 641 NE 11TH AVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VTD () Delete
Name: MOORE, VALARIE
Address: 631 NE 11TH AVE
City-St-Zip: FT LAUDERDALE, FL 33301

Title: SD () Delete
Name: WELSH, NICHOLAS
Address: 750 SE 3RD AVE #202
City-St-Zip: FT LAUDERDALE, FL 33310

Title: D () Delete
Name: STEPHEN, KATHY
Address: 641 NE 11TH AVE
City-St-Zip: FT LAUDERDALE, FL 33301

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: NICHOLAS WELSH

SD

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date