

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000001201 (1)

1. Corporation Name

PARKVIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4400 W. SAMPLE RD.  
SUITE 200  
COCONUT CREEK FL 33073-3450

4400 W. SAMPLE RD.  
SUITE 200  
COCONUT CREEK FL 33073-3450

3. Date Incorporated or Qualified

03/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0633067

Applied For

☒ Not Applicable

22

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINTO TOWNGATE LIMITED PARTNERSHIP  
4400 W. SAMPLE RD.  
SUITE 200, ATTN. MICHAEL GREENBERG  
COCONUT CREEK FL 33073-3450

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME BEER, T.R.  
STREET ADDRESS 4400 W. SAMPLE RD., #200  
CITY-ST-ZIP COCONUT CREEK FL 33073-3450 ☐ DELETE

1.1 TITLE  
1.2 NAME ☐ Change ☐ Addition  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
NAME LANGLOIS, FRANK  
STREET ADDRESS 4400 W. SAMPLE RD., #200  
CITY-ST-ZIP COCONUT CREEK FL 33073-3450 ☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD  
NAME POWERS, PATRICK  
STREET ADDRESS 4400 W. SAMPLE RD., #200  
CITY-ST-ZIP COCONUT CREEK FL 33073-3450 ☒ DELETE

3.1 TITLE STD  
3.2 NAME FRANK RODGERS  
3.3 STREET ADDRESS 4400 WEST SAMPLE ROAD, STE 200  
3.4 CITY-ST-ZIP COCONUT CREEK, FL 33073 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*T.R. Beer*  
T.R. Beer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-96

Date

954-973-4490

Daytime Phone #

CR2E037 (12/95)