


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 17 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33073-3473

3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business c/o Miami 21 Management, Inc. Suite, Apt. #, etc. 1189 Sawgrass 22 Corporate Parkway City & State 23 Sunrise, FL Zip 24 33325	2a. Mailing Address c/o Miami 26 Management, Inc. Suite, Apt. #, etc. 1189 Sawgrass 27 Sawgrass Parkway City & State 28 Sunrise, FL Zip 29 33323	30 USA
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4. FEI Number 65-0633067	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent	
MINTO TOWNGATE LIMITED PARTNERSHIP 4400 W. SAMPLE RD. SUITE 200, ATTN. MICHAEL GREENBERG COCONUT CREEK FL 33073-3450	

10. Name and Address of New Registered Agent	
81 Name Carlos A. Triay, Esq.	82 Street Address (P.O. Box Number is Not Acceptable) 999 Ponce De Leon Boulevard
83 Suite 1110	84 City Coral Gables, FL
85 Zip Code 33134	

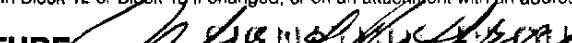
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.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

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 6/11/97

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	BEER, T.R.
STREET ADDRESS	4400 W. SAMPLE RD., #200
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	LANGLOIS, FRANK
STREET ADDRESS	4400 W. SAMPLE RD., #200
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	FRANK RODGERS
STREET ADDRESS	4400 W SAMPLE RD STE 200
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STANTON, JEFF
1.3 STREET ADDRESS	15133 NW 7 COURT
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VACHALA, ANN
2.3 STREET ADDRESS	15119 NW 8 STREET
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
3.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ROTHROCK, VALERIE
3.3 STREET ADDRESS	15114 NW 8 STREET
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:  Valerie Rothrock

CR2E037 (9/96)