

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90076 010 ****61.25

DOCUMENT # N95000001201

1. Entity Name
PARKVIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**12505 ORANGE DR
STE 906
DAVIE, FL 33330 US**

Mailing Address
**12505 ORANGE DR
STE 906
DAVIE, FL 33330 US**

94068245



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-0633067

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEFFENBARGER, MARK
C/O CENTURY MGMT SERVICES INC
12505 ORANGE DR, STE 906
FORT LAUDERDALE, FL 33330**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to:
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RIGLONS, DEBORAH
776 NW 154 AVE
HOLLYWOOD, FL 33029** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
RIGLONS, DEBORAH
776 NW 154 AVE
PEMBROKE PINES, FL 33028** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VACHALA, ANN
15119 NW 8 ST.
PEMBROKE PINES, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VACHALA, ANNA
15119 NW 8 ST
PEMBROKE PINES, FL 33028** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ROTHROCK, VALERIE
15114 NW 8 ST.
PEMBROKE PINES, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
ROTHROCK, VALERIE
15114 NW 8 ST.
PEMBROKE PINES, FL 33028** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
STANTON, JEFF
15133 NW 7 CT
PEMBROKE PINES, FL 33028** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **Valerie J. Rothrock** **2/18/04** **954-931-6988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #