## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000001201

**FILED** Feb 14, 2007 Secretary of State

Entity Name: PARKVIEW HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:	New Principal Place of Business:
Outlent Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiness.

12505 ORANGE DR 12233 S. W. 55TH, STREET

STE 906 SUITE 811

**DAVIE, FL 33330** COOPER CITY, FL 33330 US

**New Mailing Address: Current Mailing Address:** 

12505 ORANGE DR 12233 S. W. 55TH, STREET

STE 906 SUITE 811 DAVIE, FL 33330 US

COOPER CITY, FL 33330 US

PEFFENBARGER, MARK

FEI Number: 65-0633067 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PEFFENBARGER, MARK C/O CENTURY MGMT SERVICES INC 12505 ORANGE DR, STE 906

C/O CENTURY MGMT SERVICES INC 12233 S. W. 55TH. STREET, SUITE 811 FORT LAUDERDALÉ, FL 33330 US COOPER CITY, FL 33330 ÚS

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: 02/14/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

( ) Delete () Change () Addition

RIGLOS, DEBORAH Name: Name: 776 NW 154 AVE Address: Address:

City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip:

Title: PD () Delete Title: () Change () Addition

Name: VACHALA, ANNA Name: Address: 15119 NW 8 ST. Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip:

Title: () Delete Title: (X) Change ( ) Addition

ROTHROCK, VALERIE Name: MAURER, SCOTT Name: 15114 NW 8 ST. 15135 N. W. 7TH. COURT Address: Address: City-St-Zip: PEMBROKE PINES, FL 33028 City-St-Zip: PEMBROKE PINES, FL 33028

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: SCOTT MAURER Τ 02/14/2007