

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 748071**

1. Entity Name

PARKVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7300 WAYNE AVENUE  
MIAMI BCH, FL 33141

Mailing Address

7300 WAYNE AVENUE  
MIAMI BCH, FL 33141

**DO NOT WRITE IN THIS SPACE**



01152005 No Chg-NP

CR2E037 (10/03)

4. FEI Number

59-2204199

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUNIZ, ALBA  
7300 WAYNE AVENUE  
#218  
MIAMI BEACH, FL 33141

**DO NOT WRITE  
IN THIS SPACE**

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, 2005**

9. Election Campaign Financing  
Trust Fund Contribution.



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

1100000309404

04/16/05 00035 020 70.00

10. OFFICERS AND DIRECTORS

TITLE VPD  
NAME GARAY, JOHN  
STREET ADDRESS 7300 WAYNE AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE SD  
NAME ARUGUETE, PHYLLIS  
STREET ADDRESS 7300 WAYNE AVE APT 408  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE DT  
NAME MUNIZ, ALBA  
STREET ADDRESS 7300 WAYNE AVE  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE PD  
NAME SCHLESSINGER, VIOLET  
STREET ADDRESS 7300 WAYNE AVE APT 408  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE D  
NAME LINARTE, JUAN  
STREET ADDRESS 7300 WAYNE AVENUE #517  
CITY-ST-ZIP MIAMI BEACH, FL 33141

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John P. [Signature]* **TREASURER** 1/18/05 305-861-0352