

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755616

Entity Name: PALM VIEW WATERS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1319 MIRAMAR ST
SUITE 101
CAPE CORAL, FL 33904**Current Mailing Address:**1319 MIRAMAR ST
SUITE 101
CAPE CORAL, FL 33904 US**FEI Number:** 04-1282028**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZUNINO, PAOLA
1319 MIRAMAR ST
UNIT 101
CAPE CORAL, FL 33904 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BUDNICK , JOE
Address	1319 MIRAMAR ST SUITE 101
City-State-Zip:	CAPE CORAL FL 33904

Title	DIRECTOR
Name	PACELLA, FRANK
Address	1319 MIRAMAR ST SUITE 101
City-State-Zip:	CAPE CORAL FL 33904

Title	DIRECTOR
Name	CAMPANY, ROBERT
Address	1319 MIRAMAR ST SUITE 101
City-State-Zip:	CAPE CORAL FL 33904

Title	VP
Name	LATWINSKI, KENNETH
Address	1319 MIRAMAR ST #101
City-State-Zip:	CAPE CORAL FL 33904

Title	SECRETARY, TREASURER
Name	SLOMSKI, BETH
Address	1319 MIRAMAR ST SUITE 101
City-State-Zip:	CAPE CORAL FL 33904

I hereby 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 all other like empowered.

SIGNATURE: BETH SLOMSKI**SECRETARY****03/25/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date