

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755616

Entity Name: PALM VIEW WATERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O RIVER ASSOCIATION MANAGEMENT
3444 MARINATOWN LN SUITE 17
N FORT MYERS, FL 33903

Current Mailing Address:

C/O RIVER ASSOCIATION MANAGEMENT
PO BOX 568
CAPE CORAL, FL 33991 US

FEI Number: 04-1282028

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVER ASSOCIATION MANAGEMENT
C/O RIVER ASSOCIATION MANAGEMENT
3444 MARINATOWN LN SUITE 17
N FORT MYERS, FL 33903 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: FAITH STACY

03/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name SAKADOLSKY, LYNN
Address C/O RIVER ASSOCIATION
MANAGEMENT
PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

Title PRESIDENT
Name BUTLER, ROBERT
Address C/O RIVER ASSOCIATION
MANAGEMENT
PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

Title SECRETARY
Name SLOMSKI, BETH
Address C/O RIVER ASSOCIATION
MANAGEMENT
PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

Title TREASURER
Name ARRIVIELLO, STEPHANIE
Address C/O RIVER ASSOCIATION
MANAGEMENT
PO BOX 568
City-State-Zip: CAPE CORAL FL 33991

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: ROBERT BUTLER

PRESIDENT

03/10/2024

Electronic Signature of Signing Officer/Director Detail

Date