

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 6/30/95: \$188 (IF DISSOLVED, MEMBER AMOUNT DUE TO REINSTATE: \$300)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 JUL 19 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # 706102 (1)**  
1. Corporation Name  
**PARK VIEW MANOR CONDOMINIUM INCORPORATED**

Principal Place of Business Mailing Address  
807-809 NORTH EAST FIRST STREET 807-809 NORTH EAST FIRST STREET  
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/03/1963</b>  | 3a. Date of Last Report<br><b>02/25/1994</b>                                       |
| 4. FEI Number<br><b>70-6102600</b>  | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees   |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input type="checkbox"/>   | <b>FILING FEE IS \$61.25</b>   |
| 8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
**BUENING, GLEN W.  
807 N.E. 1ST ST.  
DELRAY BEACH FL 33483**

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE<br><b>PD</b>         | <b>RIEGER, ALBERT</b><br>807 NE 1 ST<br>DELRAY BCH, FL 00000          |
| TITLE<br><b>VD</b>         | <b>GULOTTA, PETER F.</b><br>807-809 NE 1ST ST<br>DELRAY BCH, FL 00000 |
| TITLE<br><b>DT</b>         | <b>COX, CECIL</b><br>807-809 NE 1ST ST<br>DELRAY BCH, FL 00000        |
| TITLE<br><b>DS</b>         | <b>OKEEFE, JEAN M</b><br>807 NE 1ST ST.<br>DELRAY BCH, FL             |
| TITLE                      |   |
| TITLE                      |   |
| TITLE                      |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE<br><b>PD</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME<br><b>O'Keefe, Richard</b>                   |  |
| 1.3 STREET ADDRESS<br><b>807 N.E. 1st St.</b>         |  |
| 1.4 CITY-ST-ZIP<br><b>Delray Beach, Fl. 33483</b>     |  |
| 2.1 TITLE<br><b>VD</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME<br><b>Cox, Cecil</b>                         |  |
| 2.3 STREET ADDRESS<br><b>807 N.E. 1st St.</b>         |  |
| 2.4 CITY-ST-ZIP<br><b>Delray Beach, Fl. 33483</b>     |  |
| 3.1 TITLE<br><b>SD</b>                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME<br><b>Peterson, Elizabeth</b>                |  |
| 3.3 STREET ADDRESS<br><b>809 N.E. 1st St.</b>         |  |
| 3.4 CITY-ST-ZIP<br><b>Delray Beach, Fl. 33483</b>     |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecil Cox **Cecil Cox** July 11, 1995 407-27802205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)