

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90105 037 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706102**  
 1. Corporation Name  
**PARK VIEW MANOR CONDOMINIUM INCORPORATED**

Principal Place of Business 807-809 NORTH EAST FIRST STREET DELRAY BEACH FL 33483	Mailing Address 807-809 NORTH EAST FIRST STREET DELRAY BEACH FL 33483
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/03/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 70-6102600
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent  AUSTIN, JAMES 809 N.E. 1ST STREET APT. W-3 DELRAY BEACH FL 33483		10. Name and Address of New Registered Agent 81 Name Betty Peterson 82 Street Address (P.O. Box Number is Not Acceptable) 809 N. E. 1st Street, E-6 83 84 City Delray Beach FL 85 Zip Code 33483	
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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 *Betty Peterson* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME AUSTIN, JAMES	1.2 NAME Kathi Sumrall
STREET ADDRESS 807 N.E. 1ST ST. W-3	1.3 STREET ADDRESS 807 N. E. 1st Street, W-8	CITY-ST-ZIP DELRAY BEACH FL 33483	1.4 CITY-ST-ZIP Delray Beach, FL 33483
TITLE VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME JOHNSTON-EVANS, MAUREEN	2.2 NAME Anna Dennis
STREET ADDRESS 809 N.E. 1ST ST... E-4	2.3 STREET ADDRESS 809 N. E. 1st Street, E-7	CITY-ST-ZIP DELRAY BEACH FL 33483	2.4 CITY-ST-ZIP Delray Beach, FL 33483
TITLE SD <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME PETERSON, BETTY	3.2 NAME
STREET ADDRESS 809 N.E. 1ST ST., E-6	3.3 STREET ADDRESS	CITY-ST-ZIP DELRAY BEACH FL 33483	3.4 CITY-ST-ZIP
TITLE TD <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME LAURICELLA, VICTORIA	4.2 NAME
STREET ADDRESS 807 N.E. 1ST ST., W-1	4.3 STREET ADDRESS	CITY-ST-ZIP DELRAY BEACH FL 33483	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	5.2 NAME Inez Fleming
STREET ADDRESS	5.3 STREET ADDRESS 809 N. E. 1st Street, E-4	CITY-ST-ZIP	5.4 CITY-ST-ZIP Delray Beach, FL 33483
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Betty Peterson* **SIGNATURE REQUIRED** Date 2-3-99 Daytime Phone # 561-276-4951

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CR2E037 (11/98)