2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 30, 2006 8:00 am Secretary of State DOCUMENT # 713291 1. Entity Name 03-30-2006 90031 030 ****61.25 PARK VIEW CONDOMINIUM INC. NO. 1 Principal Place of Business Mailing Address 800 71 AVENUE NORTH 800 71 AVENUE NORTH ST PETERSBURG FL 33702 ST PETERSBURG FL 33702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo BRAUSE, MARILYN Street Address (P.O. Box Number is Not Acceptable) 800 71ST AVE. N. STE. 5 ST PETE FL 33702 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) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE TITLE ☐ Delete Addition BRAUSE, MARLYN NAME 800 NORTH 71ST AVE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-7IP CITY-ST-7IP VD Delete TITLE Addition ☐ Chanoe THE HOWARD, RUTH NAME NAME 800 71ST AVE N STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP TD ☐ Delete TITLE ☐ Change Addition TITLE NAME LOCKENVITZ, BARBARA NAME STREET ADDRESS STREET ADDRESS 1800 71ST AVE. N. SAINT PETERSBURG FL 33702 CITY-ST-ZIP CITY-ST-ZIP TillE SD Delete TITLE Change ☐ Addition RICH, SUZANNE NAME KATHY Bemis HAME 800 - 71ST AVE N STREET ADDRESS 800 71ST AVE N STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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