

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713291

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: PARK VIEW CONDOMINIUM INC. NO. 1

**Current Principal Place of Business:**

800 71 AVENUE NORTH  
ST PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

800 71 AVENUE NORTH  
ST PETERSBURG, FL 33702

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHEFF, LOIS  
800 71ST AVE. N.  
STE. 4  
ST PETE, FL 33702 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SCHEFF, LOIS  
Address: 800 NORTH 71ST AVE  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: VD ( ) Delete  
Name: HOWARD, RUTH  
Address: 800 71ST AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: TD ( ) Delete  
Name: LOCKENVITZ, BARBARA  
Address: 800 71ST AVE. N.  
City-St-Zip: SAINT PETERSBURG, FL 33702

Title: SD ( ) Delete  
Name: BRAUSE, MARLYN  
Address: 800 71ST AVE N  
City-St-Zip: SAINT PETERSBURG, FL 33702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LOIS SCHEFF

PRES

01/27/2009

Electronic Signature of Signing Officer or Director

Date