

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 720756 (6)

1. Corporation Name

PARKVIEW VILLAS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2400 LAKE OSBORNE DRIVE
APT 114
LAKE WORTH FL 33461
US

2400 LAKE OSBORNE DRIVE
APT 114
LAKE WORTH FL 33461
US

3. Date Incorporated or Qualified
04/22/1971

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1512926

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DONLEY, DENIS
2400 LAKE OSBOURNE DR.
LAKE WORTH FL 33461

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 DENIS DONLEY

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-designating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DONLEY, DENIS	
STREET ADDRESS	2400 LAKE OSBORNE DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOWELL, CASS	
STREET ADDRESS	2440 LAKE OSBORNE DR	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	POIRLOR, GENE	
STREET ADDRESS	2400 LAKE OSBORNE DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BUTERA, CARMINE	
STREET ADDRESS	2400 LAKE OSBORNE DRIVE	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCKEAN, SALLY	
STREET ADDRESS	2440 LAKE OSBORNE DR	
CITY - ST - ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DONLEY DENIS	
13 STREET ADDRESS	2400 LAKE OSBORNE DR	
14 CITY - ST - ZIP	LAKE WORTH FL	
21 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	LOWELL CASS	
23 STREET ADDRESS	2440 LAKE OSBORNE DR	
24 CITY - ST - ZIP	LAKE WORTH FL	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	BUTERA CARMINE	
43 STREET ADDRESS	2400 LAKE OSBORNE DR	
44 CITY - ST - ZIP	LAKE WORTH FL	
51 TITLE	400001761794	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-03/28/96--01110--010	
53 STREET ADDRESS	***61.25	
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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:

Denis Donley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DENIS DONLEY 1-17-96 407-968-6506

Date

Daytime Phone #

CR2E037 (12/95)