

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 720756**

1. Corporation Name

**PARKVIEW VILLAS ASSOCIATION, INC.**

Principal Place of Business

2400 LAKE OSBONE DR  
LAKE WORTH FL 33461  
US

Mailing Address

2400 LAKE OSBORNE DRIVE  
LAKE WORTH FL 33461  
US

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90117 047 \*\*\*\*61.25

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2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/22/1971

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

9. Name and Address of Current Registered Agent

BUTERA, C  
2400 LAKE OSBOURNE DR.  
APT 109  
LAKE WORTH FL 33461

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS TOURTELLOT, G  
CITY-ST-ZIP 2400 LAKE OSBORNE DRIVE  
LAKE WORTH FL

TITLE ☐ DELETE  
NAME DS  
STREET ADDRESS GUARINO, T  
CITY-ST-ZIP 2440 LAKE OSBORNE DR  
LAKE WORTH FL

TITLE ☐ DELETE  
NAME TD  
STREET ADDRESS BUTERA, CARMINE  
CITY-ST-ZIP 2400 LAKE OSBORNE DRIVE  
LAKE WORTH FL

TITLE ☒ DELETE  
NAME S  
STREET ADDRESS DONELY, MARION  
CITY-ST-ZIP 2400 LAKE OSBORNE #114  
LAKE WORTH FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SUGRUW, WILLIAM  
CITY-ST-ZIP 2440 LAKE OSBORNE DRIVE #206  
LAKE WORTH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Amandio DeFigueiredo  
4.3 STREET ADDRESS 2400 LAKE OSBORNE DR  
4.4 CITY-ST-ZIP LAKE WORTH, FL 33461

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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:

*Carla Butera*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-99 361-588-0240  
Date Daytime Phone #

CR2E037 (11/98)