

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720756

FILED
Apr 16, 2009
Secretary of State

Entity Name: PARKVIEW VILLAS ASSOCIATION, INC.

Current Principal Place of Business:

2400 LAKE OSBORNE DR.
LAKE WORTH, FL 33461 US

New Principal Place of Business:

Current Mailing Address:

2400 LAKE OSBORNE DR.
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 59-1512926

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTERA, CARMINE
2400 LAKE OSBORNE DR.
APT 109
LAKE WORTH, FL 33461 US

Name and Address of New Registered Agent:

TSISMANAKIS, GEORGE PRES'T
2440 LAKE OSBORNE DR.
APT 108
LAKE WORTH, FL 33461 US

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: GEORGE TSISMANAKIS

04/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TSISMANAKIS, GEORGE
Address: 2440 LAKE OSBORNE DR, B-108
City-St-Zip: LAKE WORTH, FL 33461

Title: V () Delete
Name: JUNTUNEN, RAY
Address: 2400 LAKE OSBORNE DR. C-210
City-St-Zip: LAKE WORTH, FL 33461

Title: T () Delete
Name: BUTERA, CARMINE
Address: 2400 LAKE OSBORNE DR , C-109
City-St-Zip: LAKE WORTH, FL 33461

Title: S () Delete
Name: JONES, IRENE
Address: 2400 LAKE OSBORNE DR. C-107
City-St-Zip: LAKE WORTH, FL 33461

Title: D () Delete
Name: ANTONIO, JULIO
Address: 2440 LAKE OSBORNE DR B- 205
City-St-Zip: LAKE WORTH, FL 33461

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:

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: GEORGE TSISMANAKIS

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date