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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90066 034 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721548

1. Corporation Name
THE OWNERS ASSOCIATION OF PARKVIEW MANOR, INC.

Principal Place of Business PARKVIEW MANOR INC 537 MANATEE COURT. APT 108 VENICE FL 34285	Mailing Address PARKVIEW MANOR INC 537 MANATEE COURT. APT 108 VENICE FL 34285
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/19/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1448752
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GALLOWAY, JOHN 537 MANATEE COURT APT. 202 VENICE FL 39595 34285		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAVERS, DOROTHY	1.2 NAME	TRAVERS, DOROTHY
STREET ADDRESS	537 MANATEE COURT APT 208	1.3 STREET ADDRESS	537 MANATEE COURT APT 208
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	VENICE, FL. 34285
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, JOHN F	2.2 NAME	
STREET ADDRESS	537 MANATEE CT #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES, EMMET	3.2 NAME	
STREET ADDRESS	537 MANATEE COURT APT. 208	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ROBERT	4.2 NAME	HUGHES ROBERT
STREET ADDRESS	537 MANATEE CT., #101	4.3 STREET ADDRESS	537 MANATEE COURT #101
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	VENICE, FL. 34285
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINE, CHARLES.	5.2 NAME	ROSEQUIST JANE
STREET ADDRESS	537 MANATEE COURT #201	5.3 STREET ADDRESS	537 MANATEE COURT #205
CITY-ST-ZIP	VENICE FL	5.4 CITY-ST-ZIP	VENICE, FL. 34285
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: JOHN F. S. GALLOWAY 1/16/99 941-485-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)