


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 721548 1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite, Apt #, etc.			
City & State		City & State			
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GALLOWAY, JOHN 537 MANATEE COURT APT. 202 VENICE FL 34285				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRAVERS, DOROTHY		NAME	U00000029741 02/04/04-80079-004 61.25	
STREET ADDRESS	537 MANATEE COURT APT 208		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GALLOWAY, JOHN F		NAME		
STREET ADDRESS	537 MANATEE CT #202		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHARLES, EMMET		NAME		
STREET ADDRESS	537 MANATEE COURT APT. 206		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSEQUIST, JANE		NAME		
STREET ADDRESS	537 MANATEE COURT #205		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUGHES, CLAUDETTE C		NAME		
STREET ADDRESS	537 MANATEE CT., #101		STREET ADDRESS		
CITY-ST-ZIP	VENICE FL 34285		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *John F. Galloway* **JOHN F. GALLOWAY** 1/31/04 941-485-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #