


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # 721548 1. Entity Name THE OWNERS ASSOCIATION OF PARKVIEW MANOR, INC.	
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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	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country



1st MOORE CR2E037 (10/04)

4. FEI Number 59-1448752	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
GALLOWAY, JOHN 537 MANATEE COURT APT. 202 VENICE FL 34285

7. Name and Address of New Registered Agent
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 re-instating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005.**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD TRAVERS, DOROTHY	<input type="checkbox"/>
NAME	537 MANATEE COURT APT 208	
STREET ADDRESS	VENICE FL 34285	
CITY-ST-ZIP		
TITLE	TD GALLOWAY, JOHN F	<input type="checkbox"/>
NAME	537 MANATEE CT #202	
STREET ADDRESS	VENICE FL	
CITY-ST-ZIP		
TITLE	VD CHARLES, EMMET	<input type="checkbox"/>
NAME	537 MANATEE COURT APT. 206	
STREET ADDRESS	VENICE FL	
CITY-ST-ZIP		
TITLE	VD ROSEQUIST, JANE	<input type="checkbox"/>
NAME	537 MANATEE COURT #205	
STREET ADDRESS	VENICE FL 34285	
CITY-ST-ZIP		
TITLE	SD HUGHES, CLAUDETTE C	<input type="checkbox"/>
NAME	537 MANATEE CT., #101	
STREET ADDRESS	VENICE FL 34285	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
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)(f), 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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Galloway 1/26/05 941-485-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #