


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90094 026 ****61.25

DOCUMENT # 721548	
1. Entity Name	
THE OWNERS ASSOCIATION OF PARKVIEW MANOR, INC.	

Principal Place of Business	Mailing Address
PARKVIEW MANOR INC 537 MANATEE COURT, APT 108 VENICE FL 34285	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	Country	Zip	Country



1st MOORE CR2E037 (10/05)

4. FEI Number		Applied For
59-1448752		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

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, 2006	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
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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	
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 checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEQUIST, JANE	NAME	ARLEN SERGENT
STREET ADDRESS	537 MANATEE COURT #205	STREET ADDRESS	537 MANATEE COURT #103
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	VENICE FL 34285
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, CLAUDETTE C	NAME	JOHN CROWLEY
STREET ADDRESS	537 MANATEE CT., #101	STREET ADDRESS	537 MANATEE COURT
CITY-ST-ZIP	VENICE FL 34285	CITY-ST-ZIP	VENICE, FL 34285
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 exemptions contained in Section 119, 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

1/28/06 941-485-6303