

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 24, 2007 08:00 AM
Secretary of State



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State

City & State

4. FEI Number

59-1448752

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.

\$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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	TRAVERS, DOROTHY	537 MANATEE COURT APT 208	VENICE FL 34285	<input type="checkbox"/>
TD	GALLOWAY, JOHN F	537 MANATEE CT #202	VENICE FL	<input type="checkbox"/>
VD	CHARLES, EMMET	537 MANATEE COURT APT. 206	VENICE FL	<input type="checkbox"/>
VD	SERGENT, ARLEN	237 MANATEE CT 103	VENICE FL 34285	<input type="checkbox"/>
SD	CROWLEY, JOHN	537 MANATEE CT	VENICE FL 34285	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>

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** 1/21/07 941-465-6503