2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#721548

FILED Jan 25, 2009 Secretary of State

Entity Name: THE OWNERS ASSOCIATION OF PARKVIEW MANOR, INC.

Current Principal Place of Business: New Principal Place of Business:

PARKVIEW MANOR INC PARKVIEW MANOR INC

537 MANATEE COURT, APT 108 537 MANATEE COURT, APT 202

VENICE, FL 34285 VENICE, FL 34285

Current Mailing Address: New Mailing Address:

PARKVIEW MANOR INC PARKVIEW MANOR INC

537 MANATEE COURT, APT 108 537 MANATEE COURT, APT 202

VENICE, FL 34285 VENICE, FL 34285

FEI Number: 59-1448752 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GALLOWAY, JOHN 537 MANATÉE COURT APT. 202 VENICE, FL 34285 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

(X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete TRAVERS, DOROTHY TRAVERS, DOROTHY Name: Name:

537 MANATEE COURT APT 208 Address: 537 MANATEE COURT APT 101 Address:

City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285

Title: () Delete Title: () Change () Addition

GALLOWAY, JOHN F Name: Name: Address: 537 MANATEE CT #202 Address: City-St-Zip: VENICE, FL City-St-Zip:

Title: VD. () Delete Title: () Change () Addition

CHARLES, EMMET Name: Name: 537 MANATEE COURT APT. 206 Address: Address: City-St-Zip: VENICE, FL City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

Name: SERGENT, ARLEN Name: SERGENT, ARLEN 237 MANATEE CT 103 537 MANATEE CT 103 Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285

Title: () Delete Title: (X) Change () Addition

CROWLEY, JOHN WILKINS, SALLY Name: Name: 537 MANATEE CT 537 MANATEE CT 106 Address: Address: City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. GALLOWAY **TREA** 01/25/2009