

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722868 (7)

1. Corporation Name

PARKVIEW EAST OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**409 MANATEE COURT
VENICE FL 34285**

**409 MANATEE COURT
VENICE FL 34285**

3. Date Incorporated or Qualified
03/08/1972

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-1506859

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KORWEK, PHILIP J
320 NO PARK BLVD
VENICE FL 34285**

81 Name **Beverly Kallas**

82 Street Address (P.O. Box Number is Not Acceptable)

409 Manatee Court # 110

83

84 City

Venice

FL

85 Zip Code

34285

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Beverly J. Kallas*
Signature, typed or printed name of registered agent, and title if applicable.

Beverly Kallas
(NOTE: Registered Agent signature required when reinstating)

3-16-96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **KORWEK, PHILIP J**
STREET ADDRESS **320 NO PARK BLVD**
CITY-ST-ZIP **VENICE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **BRANDABUR, SARA**
STREET ADDRESS **409 MANATEE COURT 206**
CITY-ST-ZIP **VENICE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VTD** ☐ DELETE
NAME **KALLAS, BEVERLY**
STREET ADDRESS **409 MANATEE COURT 110**
CITY-ST-ZIP **VENICE FL**

3.1 TITLE **P/D** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **DODGE, JOSEPHINE**
STREET ADDRESS **409 MANATEE CT #112**
CITY-ST-ZIP **VENICE, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **KORWEK, DOROTHY**
STREET ADDRESS **320 N. PARK BLVD.**
CITY-ST-ZIP **VENICE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KALLAS, GEORGE**
STREET ADDRESS **409 MANATEE COURT 110**
CITY-ST-ZIP **VENICE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beverly J. Kallas* **Beverly Kallas**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96
Date

(941) 485-4839
Daytime Phone #

CR2E037 (12/95)