

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 722868

1. Entity Name
PARKVIEW EAST OWNERS ASSOCIATION, INC.



Principal Place of Business

**409 MANATEE COURT
VENICE, FL 34285**

Mailing Address

**409 MANATEE COURT
VENICE, FL 34285**



02162007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1506859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, CARA M
409 MANATEE CT
SUITE 106
VENICE, FL 34285**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
JOHNSTON, BEVERLY
409 MANATEE CT. #212
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
SMITH, RICHARD
409 MANATEE CT. #106
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
CONTI, MARY
409 MANATEE CT #213
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAUTEER, FLORENCE
409 MANATEE CT #102
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
SMITH, CARA
409 MANATEE CT. #104
VENICE, FL 34285**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GOTTSTEIN, WILLIAM
409 MANATEE CT #104
VENICE, FL 34285**

U00000703342
04/20/07-80132-024 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Cara M. Smith *CARA M. SMITH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/07
Date

941-485-2638
Daytime Phone #