2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 722868

Entity Name: PARKVIEW EAST OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

409 MANATEE COURT
VENICE, FL 34285

New Principal Place of Business:

Current Mailing Address:

409 MANATEE COURT
VENICE, FL 34285

New Mailing Address:

FEI Number: 59-1506859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOHNSTON, BEVERLY
Address: 409 MANATEE CT. #212
City-St-Zip: VENICE, FL 34285

Title: VP ( ) Delete
Name: SMITH, RICHARD
Address: 409 MANATEE CT. #106
City-St-Zip: VENICE, FL 34285

Title: SD ( ) Delete
Name: THOMASZEWKI, MARGARET
Address: 409 MANATEE CRT 103
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: SAUITEER, FLORENCE
Address: 409 MANATEE CT #102
City-St-Zip: VENICE, FL 34285

Title: T ( ) Delete
Name: SMITH, CARA
Address: 409 MANATEE CT. #104
City-St-Zip: VENICE, FL 34285

Title: D ( ) Delete
Name: GOTTSTEIN, WILLIAM
Address: 409 MANATEE CT #104
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: CONTI, MARY
Address: 409 MANATEE CT #213
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: CARA M SMITH T 04/22/2009
Electronic Signature of Signing Officer or Director — Date