

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

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90070 046 \*\*\*\*61.25

**DOCUMENT # 736260**

1. Entity Name

PARK WEST CIVIC ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P. O. BOX 1497  
ORANGE PARK FL 32067

P. O. BOX 1497  
ORANGE PARK FL 32067



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

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

MANCIL, MICHELLE M  
571 GULFSTREAM TRL WEST  
ORANGE PARK FL 32073

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 reinstating)

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

TITLE V ☒ Delete  
NAME GRIMES, JOHN A  
STREET ADDRESS 573 ROCKINGHAM RD  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE P ☒ Delete  
NAME FISHBIEN, STEVEN  
STREET ADDRESS 2027 POMPAO PKWY  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE T ☐ Delete  
NAME MANCIL, MICHELLE  
STREET ADDRESS 571 GULFSTREAM TRL W  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE S ☐ Delete  
NAME NEWMAN, YVONNE  
STREET ADDRESS 77 PREAKNESS PLAZA  
CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CO T ☐ Change ☒ Addition  
NAME JOHNSON, VICTOR R.  
STREET ADDRESS 48 HIALEAH DR.  
CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: **V. R. JOHNSON**

4/10/07

904/272-4370

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone