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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 741378 (4)

1. Corporation Name
PARK VIEW II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 4104-4106 SE 20TH PL, CAPE CORAL FL 33904
Mailing Address: 4104-4106 SE 20TH PL, CAPE CORAL FL 33904-8082

3. Date Incorporated or Qualified: 01/18/1978
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	59-1897057	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
IRENE BENTEL
4104 SE 20TH PL
#B2, PARKVIEW 11
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent
81 Name: NORMAN D. MIDDLETON
82 Street Address (P.O. Box Number is Not Acceptable): 4104 SE 20th PLACE A-2
83
84 City: CAPE CORAL FL 85 Zip Code: 33904

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: *Norman D. Middleton* DATE: 2-23-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	IRENE BENTEL	
STREET ADDRESS	4104 SE 20TH PL #B2	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VD	<input type="checkbox"/>
NAME	YOUNGBLUTH, FRED	
STREET ADDRESS	4104 SE 20TH PL A-5	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/>
NAME	STINE, MARY F.	
STREET ADDRESS	4106 SE 20TH PL #D1	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/>
NAME	JOHN MCNAMARA	
STREET ADDRESS	4104 SE 20TH PL #A8	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/>
NAME	HERMAN MASSIE	
STREET ADDRESS	4104 SE 20TH PL #A4	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	NORMAN D. MIDDLETON		
1.3 STREET ADDRESS	4104 SE 20TH PLACE A-2		
1.4 CITY-ST-ZIP	CAPE CORAL FL 33904		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	JAMES T. CIRER		
4.3 STREET ADDRESS	4104 SE 20TH PLACE A-6		
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	DONALD L. ROSBOROUGH		
5.3 STREET ADDRESS	4106 SE 20TH PLACE D-2		
5.4 CITY-ST-ZIP	CAPE CORAL, FL 33904		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Mary F. Stine* MARY F. STINE, TREAS. Feb. 10, 1997

CR2E037 (9/96)