

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90112 024 ****61.25

DOCUMENT # 741378
Entity Name
PARK VIEW II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
4104-4106 SE 20TH PL 4104-4106 SE 20TH PL
CAPE CORAL FL 33904 C-5
CAPE CORAL FL 33904



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State

4. FEI Number **59-1897057** Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
REINFELDER, WILLIAM C
4104 SE 20TH PL.
A-3
CAPE CORAL FL 33904

7. Name and Address of New Registered Agent
Name **WIECHART, (JACK) JOHN F**
Street Address (P.O. Box Number is Not Acceptable)
4106 SE 20TH PL C-2
City **CAPE CORAL** FL Zip Code **33904**

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 **JOHN F (JACK) WIECHART** *JFW* **MARCH 16, 2006**
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, 2006

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	PD	<input type="checkbox"/> Delete
NAME	REINFELDER, WILLIAM	
STREET ADDRESS	4104 SE 20TH PL., A-3	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RIDDLE, JOHN	
STREET ADDRESS	4104 SE 20 PLACE B-Z	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JORDAN, LYNNE	
STREET ADDRESS	4106 SE 20TH PL., C-5	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WIECHART, JACK	
STREET ADDRESS	4106 SE 20TH PL, C-2	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRAHAM, ROBERT	
STREET ADDRESS	4106 SE 20TH PL, C-3	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIECHART, (JACK) JOHN F	
STREET ADDRESS	4106 SE 20TH PL C-2	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINFELDER, WILLIAM	
STREET ADDRESS	4104 SE 20TH PL A-3	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *John F. Wiechart* **MARCH 16, 2006** 239-549-5573
937-898-1835