


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

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 741378 1. Entity Name PARK VIEW II CONDOMINIUM ASSOCIATION, INC.	
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1st MOORE CR2E037 (10/06)

Principal Place of Business 4104-4106 SE 20TH PL CAPE CORAL FL 33904	Mailing Address 4104-4106 SE 20TH PL C-5 CAPE CORAL FL 33904
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number 59-1897057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WIECHART, JOHN F 4106 SE 20TH PL C-2 CAPE CORAL FL 33904	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD WIECHART, JOHN F 4106 SE 20TH PL C-2 CAPE CORAL FL 33904	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00000630310 02/19/07-80036-016 61.25
NAME	VD RIDDLE, JOHN 4104 SE 20 PLACE B-Z CAPE CORAL FL 33904	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TD JORDAN, LYNNE 4106 SE 20TH PL., C-5 CAPE CORAL FL 33904	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	SD REINFELDER, WILLIAM 4104 SE 20TH PL A-3 CAPE CORAL FL 33904	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **JOHN F. WIECHART** 2/1/07 239-549-5573