

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 044 ****61.25

DOCUMENT # 741378

1. Entity 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
C-5
CAPE CORAL FL 33904

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

4. FEI Number

59-1897057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIECHART, JOHN F
4106 SE 20TH PL C-2
CAPE CORAL FL 33904

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, 2008

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 ☐ Delete
NAME WIECHART, JOHN F
STREET ADDRESS 4106 SE 20TH PL C-2
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE VD ☐ Delete
NAME RIDDLE, JOHN
STREET ADDRESS 4104 SE 20 PLACE B-2
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE TD ☐ Delete
NAME JORDAN, LYNNE
STREET ADDRESS 4106 SE 20TH PL., C-5
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE SD ☐ Delete
NAME REINFELDER, WILLIAM
STREET ADDRESS 4104 SE 20TH PL A-3
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE D ☐ Delete
NAME MIDDLETON, NORMAN
STREET ADDRESS 4104 SE 20 PLACE A2
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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 **John F. WIECHART PRESIDENT**

2/19/08

239-549-5573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #