

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741378

FILED  
Jan 24, 2009  
Secretary of State

Entity Name: PARK VIEW II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4104-4106 SE 20TH PL  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4104-4106 SE 20TH PL  
C-5  
CAPE CORAL, FL 33904

**New Mailing Address:**

FEI Number: 59-1897057      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: WIECHART, JOHN F  
Address: 4106 SE 20TH PL C-2  
City-St-Zip: CAPE CORAL, FL 33904

Title: VD ( ) Delete  
Name: RIDDLE, JOHN  
Address: 4104 SE 20 PLACE B-2  
City-St-Zip: CAPE CORAL, FL 33904

Title: TD ( ) Delete  
Name: JORDAN, LYNNE  
Address: 4106 SE 20TH PL., C-5  
City-St-Zip: CAPE CORAL, FL 33904

Title: SD ( ) Delete  
Name: REINFELDER, WILLIAM  
Address: 4104 SE 20TH PL A-3  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: MIDDLETON, NORMAN  
Address: 4104 SE 20 PLACE A2  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD ( ) Change (X) Addition  
Name: WIECHART, JOHN F  
Address: 4106 SE 20TH PL C-2  
City-St-Zip: CAPE CORAL, FL 33904

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN F. WIECHART

PD

01/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date