

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