

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741378

FILED  
Apr 26, 2012  
Secretary of State

**Entity Name:** PARK VIEW II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W 103  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

C/O AMERICAN CONDO MGMT  
615 CAPE CORAL PKWY W 103  
CAPE CORAL, FL 33914

**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:**

KASE, SUSAN  
615 CAPE CORAL PKWY W  
103  
CAPE CORAL, FL 33914 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  
Name: WIECHART, JOHN F  
Address: 4106 SE 20TH PL C-2  
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD  
Name: ELMQUIST, THEODORE  
Address: 4104 SE 20 PLACE A1  
City-St-Zip: CAPE CORAL, FL 33904

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

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

Title: D  
Name: PALATUCCI, BOB  
Address: 615 CAPE CORAL PARKWAY WEST, 101  
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: JOHN WIECHART

PRES

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date