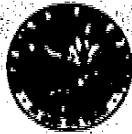


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 745260 (O)

1. Corporation Name

PARK VIEW III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4014 S.E. 20TH PLACE
CAPE CORAL FL 33904
US

% BENSON'S INC.
12650 WHITEHALL DRIVE
FT. MYERS FL 33907
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/14/1978** 3a. Date of Last Report **04/05/1994**

4. FEI Number **59-1929052** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

22 City & State

27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENSON, MARK R.
~~12650 WHITEHEAD DRIVE~~
FT MYERS FL 33919**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **12650 Whitehall Drive**
83
84 City **FL** 85 Zip Code **33907**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, BARBARA	1.2 NAME	
STREET ADDRESS	4014 SE 20TH PLACE, #A8	1.3 STREET ADDRESS	
CITY - ST - ZIP	CAPE CORAL, FL 00000	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRATER, DONALD	2.2 NAME	Newell, Edward
STREET ADDRESS	4014 S.E. 20TH PLACE, #A-1	2.3 STREET ADDRESS	4014 S.E. 20th Pl., #A-2
CITY - ST - ZIP	CAPE CORAL, FL 00000	2.4 CITY - ST - ZIP	Cape Coral, FL
TITLE	VD	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIFTON, WALTER	3.2 NAME	Frater, Donald
STREET ADDRESS	4018 SE 20TH PL #E1	3.3 STREET ADDRESS	4014 S.E. 20th Pl., #A-8
CITY - ST - ZIP	CAPE CORAL FL	3.4 CITY - ST - ZIP	Cape Coral, FL
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Schultz Barbara Schultz 2/27/95 (813) 277-0718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR