


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745260 (0)**

1. Corporation Name  
**PARK VIEW III CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>4014 S.E. 20TH PLACE CAPE CORAL FL 33904 US</b>	Mailing Address <b>% BENSON'S INC. 12850 WHITEHALL DRIVE FT. MYERS FL 33907 US</b>
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3. Date Incorporated or Qualified  
**12/14/1978**

4. FEI Number  
**59-1929052**

Applied For	Not Applicable
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2. Principal Place of Business <b>21 4022 S.E. 20TH PLACE</b> Suite, Apt. #, etc. <b>22 G-2</b> City & State <b>23 CAPE CORAL, FL.</b> Zip <b>24 33904</b>	2a. Mailing Address <b>26 % WILMA JENKINS 4022 S.E. 20TH PL.</b> Suite, Apt. #, etc. <b>27 G-2</b> City & State <b>28 CAPE CORAL, FL</b> Zip <b>29 33904</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**BENSON, MARK R.  
12850 WHITEHALL DR  
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

81 Name <b>WILMA JENKINS</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>4022 S.E. 20TH PLACE</b>
83 <b>G-2</b>
84 City <b>CAPE CORAL</b>
85 State <b>FL</b>
86 Zip Code <b>33904</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Wilma Jenkins TD* DATE **FEB 13, 1998**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>CORBETT, DONALD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	<b>4026 S.E. 20TH PL., #C-4</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JENKINS, WILMA</b>	2.2 NAME	
STREET ADDRESS	<b>4022 S.E. 20TH PL., #G-2</b>	2.3 STREET ADDRESS	<b>TD</b>
CITY-ST-ZIP	<b>CAPE CORAL, FL 00000</b>	2.4 CITY-ST-ZIP	<b>JENKINS, WILMA</b>
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOSLIN, LEO</b>	3.2 NAME	
STREET ADDRESS	<b>4014 S.E. 20TH PL., #A-7</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAPE CORAL FL</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>SD</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>DiPaolo, Alberta</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>4020 SE 20th Pl #F-4</b>
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>D</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>Putzbach, Anthony</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>4020 SE 20th Pl #F-2</b>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Donald Corbett* **DONALD CORBETT FEB 13, 1998 941-9454583**

CP2E037 (10/97)