

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90044 047 ****61.25

80013904



DO NOT WRITE IN THIS SPACE

DOCUMENT # 745260

1. Entity Name

PARK VIEW III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4022 SE 20TH PLACE
 APT G-2
 CAPE CORAL FL 33904
 US

4022 SE 20TH PLACE
 APT G-2
 CAPE CORAL FL 33904-8207
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1929052

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JENKINS, WILMA
 4022 SE 20TH PLACE
 APT G-2
 CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Wilma Jenkins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	CORBETT, DONALD	
STREET ADDRESS	4026 S.E. 20TH PL., #C-4	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JENKINS, WILMA	
STREET ADDRESS	4022 S.E. 20TH PL., #G-2	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOSLIN, LEO	
STREET ADDRESS	4014 S.E. 20TH PL., #A-7	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIPAOLLO, ALBERTA	
STREET ADDRESS	4020 SE 20TH PLACE, F-4	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, RUTH	
STREET ADDRESS	4018 SE 20TH PL 61	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Wilma Jenkins 1-25-00 941-945-1594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)