


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 17, 2004 8:00 am**  
**Secretary of State**

02-17-2004 90001 023 \*\*\*\*61.25

**DOCUMENT # 745260**  
 1. Entity Name  
**PARK VIEW III CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 ATTN: BEVERLY GOSLIN 4014 SE 20TH PLACE A-7 CAPE CORAL FL 33904 US  
 ATTN: BEVERLY GOSLIN 4014 SE 20TH PLACE A-7 CAPE CORAL FL 33904 US

J4U00020



MOORE CR2E037 (11/03)

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address 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**  
 GOSLIN, BEVERLY  
 4614 SE 20TH PL A-7  
 CAPE CORAL FL 33904

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME	PD CORBETT, DONALD	<input type="checkbox"/> Delete
STREET ADDRESS	4026 S.E. 20TH PL., #C-4	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE NAME	TD EILERS, MARIE R	<input type="checkbox"/> Delete
STREET ADDRESS	4022 SE 20TH PL G1	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME	VD GOSLIN, LEO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4014 S.E. 20TH PL., #A-7	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE NAME	D ANDROFF, LOUIS	<input type="checkbox"/> Delete
STREET ADDRESS	4026 SE 20TH PL C1	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME	D WILLIAMS, RUTH	<input type="checkbox"/> Delete
STREET ADDRESS	4018 SE 20TH PL 61	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	Vice President / Act. Corp Goslin, Beverly	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4014 SE 20th Pl A-7	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:** Beverly Goslin 2/11/04 239-542-4832  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #