


2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90034 041 ****61.25

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



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

Mailing Address
ATTN: BEVERLY GOSLIN
4014 SE 20TH PLACE A-7
CAPE CORAL, FL 33904 US

40001691



2. Principal Place of Business
4022 SE 20TH PL
Suite, Apt. #, etc.
G1

3. Mailing Address
4018 SE 20TH PL
Suite, Apt. #, etc.
E1

01072005 Chg-NP CR2E037 (10/03)

City & State
CAPE CORAL, FL

City & State
CAPE CORAL, FL

Zip
33904

Country
LEE

Zip
33904

Country
LEE

4. FEI Number
59-1929052

Applied For
 Not Applicable

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
EILERS, MARIE R.
Street Address (P.O. Box Number is Not Acceptable)
4022 SE 20TH PL G1
City
CAPE CORAL FL Zip Code
33904

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 R. MARIE EILERS DATE 1/29/2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EILERS, MARIE R. 4022 SE 20TH PL G1 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, RUTH 4018 SE 20TH PL E1 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDROFF, LOUIS 4026 SE 20TH PL C1 CAPE CORAL, FL 33904	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAIL, PHYLLIS 4020 SE 20TH PL F2 CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPAULDING, JAMES 4022 SE 20TH PL G2 CAPE CORAL, FL 33904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: R. MARIE EILERS *Marie Eilers* DATE 1/29/05 239-945-7734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #