

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745260

FILED
Jan 20, 2009
Secretary of State

Entity Name: PARK VIEW III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4022 S.E. 20TH PLACE G-1
CAPE CORAL, FL 33904 US

New Principal Place of Business:

Current Mailing Address:

4022 S.E. 20TH PLACE G-1
CAPE CORAL, FL 33904 US

New Mailing Address:

FEI Number: 59-1929052 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EILERS, MARIE R
4022 SE 20TH PLACE G-1
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EILERS, MARIE R
Address: 4022 SE 20TH PL G1
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: VAIL, PHYLLIS
Address: 4020 SE 20TH PLACE F2
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: ANDROFF, LOUIS
Address: 4026 SE 20TH PL C1
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: WILLIAMS, RUTH
Address: 4018 SE 20TH PL 61
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: SPAULDING, JAMES
Address: 4022 SE 20TH PLACE G2
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEINMILLER, GARY
Address: 4020 SE 20TH PLACE F2
City-St-Zip: CAPE CORAL, FL 33904

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. MARIE EILERS

PRES

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date