

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748025 (4)

1. Corporation Name

PARK VIEW IV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4006 S.E. 20TH PLACE A-8
CAPE CORAL FL 33904

Mailing Address

C/O PROFESSIONALLY YOURS, INC.
P.O. BOX 831
CAPE CORAL FL 33910
US



3. Date Incorporated or Qualified
07/10/1979

3a. Date of Last Report
03/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2034474

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLSON, BARBARA
1342 SE 46 LN
STE 3
CAPE CORAL FL 33904

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when not holding)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KOPEL, ROBERT	
STREET ADDRESS	4000 SE 20TH PL G1	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	D'AMORE, ERNEST	
STREET ADDRESS	4000 SE 20 PL #G2	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BRUNDAGE, WARD	
STREET ADDRESS	4000 SE 20TH PL G3	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EDGERTON, ROBERT	
STREET ADDRESS	4010 SE 20TH PL C4	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEPPERT, RICHARD	
STREET ADDRESS	4006 SE 20TH PL A4	
CITY - ST - ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOGG, FRANK	
1.3 STREET ADDRESS	4004 SE 20TH PL E3	
1.4 CITY - ST - ZIP	CAPE CORAL, FL 33904	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KNUDTSEN, DAVID	
3.3 STREET ADDRESS	4006 SE 20TH PL A5	
3.4 CITY - ST - ZIP	CAPE CORAL, FL 33904	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DORN, BARBARA	
4.3 STREET ADDRESS	4002 SE 20TH PL F4	
4.4 CITY - ST - ZIP	CAPE CORAL, FL 33904	
5.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Barbara A. Olson Manager

3.13.96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)