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FILED

Apr 22 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**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 33910-0831  
US**3. Date Incorporated or Qualified  
**07/10/1979**3a. Date of Last Report  
**03/18/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-2034474**Applied For  
Not Applicable5. 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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE  
NAME **HOGG, FRANK**  
STREET ADDRESS **4004 SE 20TH PL E3**  
CITY - ST - ZIP **CAPE CORAL FL**1.1 TITLE **TD** ☐ Change ☒ Addition  
1.2 NAME **KOPEL, ROBERT**  
1.3 STREET ADDRESS **4000 SE 20TH PLACE G1**  
1.4 CITY - ST - ZIP **CAPE CORAL, FL 33904**TITLE **VD** ☒ DELETE  
NAME **D'AMORE, ERNEST**  
STREET ADDRESS **4000 SE 20 PL #G2**  
CITY - ST - ZIP **CAPE CORAL FL**2.1 TITLE **VD** ☐ Change ☒ Addition  
2.2 NAME **SPRINGER, G. JOY**  
2.3 STREET ADDRESS **4010 SE 20TH PLACE C2**  
2.4 CITY - ST - ZIP **CAPE CORAL, FL 33904**TITLE **D** ☐ DELETE  
NAME **KNUDSTEIN, DAVID**  
STREET ADDRESS **4006 SE 20TH PL A5**  
CITY - ST - ZIP **CAPE CORAL FL**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE **SD** ☐ DELETE  
NAME **DORN, BARBARA**  
STREET ADDRESS **4002 SE 20TH PL F4**  
CITY - ST - ZIP **CAPE CORAL FL**4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE **PD** ☐ DELETE  
NAME **LEPPERT, RICHARD**  
STREET ADDRESS **4006 SE 20TH PL A4**  
CITY - ST - ZIP **CAPE CORAL FL**5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0066480**

CR2E037 (9/96)