

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748025 (4)**  
1. Corporation Name  
**PARK VIEW IV CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>4006 S.E. 20TH PLACE, A-8 CAPE CORAL FL 33904</b>	Mailing Address <b>C/O PROFESSIONALLY YOURS, INC. P.O. BOX 831 CAPE CORAL FL 33910 US</b>
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3. Date Incorporated or Qualified <b>07/10/1979</b>	
4. FEI Number <b>59-2034474</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	1.1 TITLE	TD
NAME	KOPEL, ROBERT	1.2 NAME	Ward Brundage
STREET ADDRESS	4000SE 20 PL, G1	1.3 STREET ADDRESS	4000 SE 20 Place # G3
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, Fl. 33904
TITLE	VD	2.1 TITLE	SD
NAME	SPRINGER, G JOY	2.2 NAME	
STREET ADDRESS	4010 SE 20 PL, C2	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Sec. vpd
NAME	KNUDSTEIN, DAVID	3.2 NAME	
STREET ADDRESS	4006 SE 20TH PL A5	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	PD
NAME	DORN, BARBARA	4.2 NAME	
STREET ADDRESS	4002 SE 20TH PL F4	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	VPD
NAME	LEPPERT, RICHARD	5.2 NAME	
STREET ADDRESS	4006 SE 20TH PL A4	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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: *Ward Brundage*

3/17/98

CP2E037 (10/97)