


FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90037 036 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748025

1. Corporation Name

PARK VIEW POINTE OF CAPE CORAL 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/10/1979	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2034474	
24 Country		29 Country		30 Country	
				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	

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			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BRUNDAGE, WARD			1.2 NAME	CLACK, JAMES		
STREET ADDRESS	4000 SE 20 PLACE, #G-3			1.3 STREET ADDRESS	4010 SE 20 PL C7		
CITY-ST-ZIP	CAPE CORAL FL 33904			1.4 CITY-ST-ZIP	CAPE CORAL FL 33904		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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	SVPD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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	PD	<input type="checkbox"/> DELETE		4.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DORN, BARBARA			4.2 NAME	DORN, GEORGE		
STREET ADDRESS	4002 SE 20TH PL F4			4.3 STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL FL			4.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	VD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEPPERT, RICHARD			5.2 NAME	ALOIA, EUGENE		
STREET ADDRESS	4006 SE 20TH PL A4			5.3 STREET ADDRESS	PO BOX 1434		
CITY-ST-ZIP	CAPE CORAL FL			5.4 CITY-ST-ZIP	CAPE CORAL FL 33910		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: _____ Date _____ Daytime Phone # _____

CR2E037 (11/98)