

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90028 014 \*\*\*\*61.25

**DOCUMENT # 748025**

1. Entity Name  
**PARK VIEW POINTE OF CAPE CORAL CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O PROFESSIONALLY YOURS INC  
1342 SE 46TH LANE  
CAPE CORAL, FL 33904 US**

Mailing Address  
**C/O PROFESSIONALLY YOURS INC  
PO BOX 100831  
CAPE CORAL, FL 33910 US**

**34036157**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02192004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

**59-2034474**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL, PHILIP  
PROFESSIONALLY YOURS INC  
1342 SE 46TH LANE #3  
CAPE CORAL, FL 33904**

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SPRINGER, JOY  
STREET ADDRESS 4010 SE 20 PL C2  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☒ Delete  
NAME SCRIVANICK, JOHN  
STREET ADDRESS 4006 SE 20TH PLACE A1  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME ALOIA, EUGENE  
STREET ADDRESS PO BOX 101434  
CITY-ST-ZIP CAPE CORAL, FL 33910

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME TIPPETT, MIKE  
STREET ADDRESS 4008 SE 20TH PL B2  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME ODELL, VERNON  
STREET ADDRESS 4006 SE 20TH PL A7  
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Joy Springer - JOY SPRINGER*

*3/22/04*