
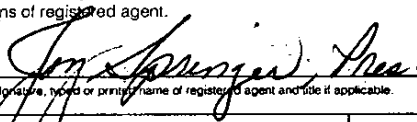

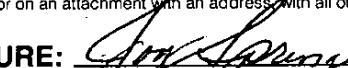


FILED
Mar 14, 2005 8:00 am
Secretary of State

600000

DOCUMENT # 748025						03-14-2005 90093 038 ****61.25	
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			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904				7. Name and Address of New Registered Agent Name: George Teague Street Address: Professionally Yours, Inc. 8270 College Pkwy. #103 City: Ft. Myers, FL 33919			
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, name or printed name of registered agent and title if applicable.				 George Teague 3-1-05 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SPRINGER, JOY			NAME			
STREET ADDRESS	4010 SE 20 PL C2			STREET ADDRESS			
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALOIA, EUGENE			NAME	John Rucker		
STREET ADDRESS	PO BOX 101434			STREET ADDRESS	4000 SE 20th PL. #A2		
CITY-ST-ZIP	CAPE CORAL, FL 33910			CITY-ST-ZIP	Cape Coral, FL 33904		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TIPPETT, MIKE			NAME	Mike Tippet		
STREET ADDRESS	4008 SE 20TH PL B2			STREET ADDRESS	4008 SE 20th Pl. B2		
CITY-ST-ZIP	CAPE CORAL, FL 33904			CITY-ST-ZIP	Cape Coral, FL 33904		
TITLE		<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	John Brennan		
STREET ADDRESS				STREET ADDRESS	4004 SE 20th PL. #E2		
CITY-ST-ZIP				CITY-ST-ZIP	Cape Coral, FL 33904		
TITLE		<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME	Eugene Aloia		
STREET ADDRESS				STREET ADDRESS	P.O. Box 101434		
CITY-ST-ZIP				CITY-ST-ZIP	Cape Coral, FL 33910-1434		
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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				3-1-05 Date			
				Daytime Phone #			