

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748025

FILED  
Jul 02, 2007  
Secretary of State

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

**Current Principal Place of Business:**

C/O PROFESSIONALLY YOURS INC  
2517 SANTA BARBARA BLVD #11  
CAPE CORAL, FL 33914 US

**New Principal Place of Business:**

C/O PROFESSIONALLY YOURS INC  
2503 DEL PRADO BLVD; STE 500  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2034474 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

TEAGUE, GEORGE  
PROFESSIONALLY YOURS INC  
2517 SANTA BARBARA BLVD #11  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

TEAGUE, GEORGE  
PROFESSIONALLY YOURS INC  
2503 DEL PRADO BLVD; STE 500  
CAPE CORAL, FL 33904 US

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.

SIGNATURE: GEORGE TEAGUE

07/02/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ANDERT, HOWARD  
Address: 4000 SE 20TH PLACE G1  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: T ( ) Delete  
Name: MCQUAY, JOHN  
Address: 4006 SE 20TH PLACE A4  
City-St-Zip: CAPE CORAL, FL 33904 US

Title: VP ( ) Delete  
Name: HAYES, GARRY  
Address: 1061 LAUDERDALE PL N  
City-St-Zip: ONALASKA, WI 54650 US

Title: S ( ) Delete  
Name: LESIERU, BRYAN  
Address: 4000 SE 20TH PLACE G2  
City-St-Zip: CAPE CORAL, FL 33904

Title: D ( ) Delete  
Name: TROUTMAN, JAMES  
Address: 6467 HUGHES RIDGE LN  
City-St-Zip: LIBERTY TOWNSHIP, OH

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: LESIER, BRYAN  
Address: 4000 SE 20TH PLACE G2  
City-St-Zip: CAPE CORAL, FL 33904

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN LESIEUR

SEC

07/02/2007

Electronic Signature of Signing Officer or Director

Date