

# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVAL  
AND  
FILED

05 JUL 28 PM 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. Eckel AUG 03 2005

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                     |                                                       |                                                                                                                                                                                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 748071</b><br>1. Entity Name<br>PARKVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                     |                                                       |                                                                                                                                                                                 |  |
| Principal Place of Business<br>7300 WAYNE AVENUE<br>MIAMI BCH, FL 33141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                                     |                                                       | Mailing Address<br>7300 WAYNE AVENUE<br>MIAMI BCH, FL 33141                                                                                                                     |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                     |                                                       | 7. Name and Address of New Registered Agent                                                                                                                                     |  |
| MUNIZ, ALBA<br>7300 WAYNE AVENUE<br>#218<br>MIAMI BEACH, FL 33141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                     |                                                       | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                                     |                                                       |                                                                                                                                                                                 |  |
| <b>Amended AR is \$61.25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                       | <b>\$5.00</b> May Be<br>Added to Fees                                                                                                                                           |  |
| Make check payable to<br><b>Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                                     |                                                       |                                                                                                                                                                                 |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                                                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VPD<br>GARAY, JOHN<br>7300 WAYNE AVE<br>MIAMI BEACH, FL 33141                 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | P<br>SCHLESINGER, VIOLET<br>7300 WAYNE AVE<br>MIAMI BEACH, FL 33141                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | SD<br>ARUGUETE, PHYLLIS<br>7300 WAYNE AVE APT 408<br>MIAMI BEACH, FL 33141    | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | VPD<br>GARAY, JOHN<br>7300 WAYNE AVE<br>MIAMI BEACH, FL 33141                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DT<br>MUNIZ, ALBA<br>7300 WAYNE AVE<br>MIAMI BEACH, FL 33141                  | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | S<br>RODOLICO, DANIEL<br>7300 WAYNE AVE<br>MIAMI BEACH, FL 33141                                                                                                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br>SCHLESSINGER, VIOLET<br>7300 WAYNE AVE APT 408<br>MIAMI BEACH, FL 33141 | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | T<br>CONTE, JOHN<br>7300 WAYNE AVE<br>MIAMI BEACH, FL 33141                                                                                                                     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | D<br>LINARTE, JUAN<br>7300 WAYNE AVENUE #517<br>MIAMI BEACH, FL 33141         | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <div style="text-align: center;"> <b>300058540023</b><br/> <b>08/12/05--01067--015 **\$61.25</b> </div>                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | <input checked="" type="checkbox"/> Delete                                          | TITLE<br>NAME<br>STREET ADDRESS<br>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. |                                                                               |                                                                                     |                                                       |                                                                                                                                                                                 |  |
| <b>SIGNATURE:</b> <u>John P. Conte</u> <b>JOHN P. CONTE, TREAS.</b> <b>7/26/05</b> <b>305-861-0352</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                               |                                                                                     |                                                       |                                                                                                                                                                                 |  |