

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90247 041 \*\*\*\*70.00

**DOCUMENT # 748071**

1. Entity Name  
**PARKVIEW PLAZA CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**7300 WAYNE AVENUE  
MIAMI BCH, FL 33141**

Mailing Address  
**7300 WAYNE AVENUE  
MIAMI BCH, FL 33141**

40051000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03172006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2204199**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MUNIZ, ALBA  
7300 WAYNE AVENUE  
#218  
MIAMI BEACH, FL 33141**

7. Name and Address of New Registered Agent

Name  
**GARAY, HAYDEE**  
Street Address (P.O. Box Number is Not Acceptable)  
**7300 WAYNE AVENUE #204**  
City  
**MIAMI BEACH, FL** Zip Code  
**33141**

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

*Haydee Garay*

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

(NOTE: Registered Agent signature required when reinstating)

04-28-06

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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

TITLE	P	<input type="checkbox"/> Delete
NAME	SCHLESINGER, VIOLET	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARAY, HAYDEE	
STREET ADDRESS	7300 WAYNE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RODOLICO, DANIEL	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	T	<input type="checkbox"/> Delete
NAME	CONTE, JOHN	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	STURM, DELIA	
STREET ADDRESS	7300 WAYNE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	LINARTE, JUAN	
STREET ADDRESS	7300 WAYNE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	ASS T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLESINGER, VIOLET	
STREET ADDRESS	7300 wayne ave	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARAY, HAYDEE	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCIA SYKES	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	M	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON RAPPAPORT	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	K H AHMED	
STREET ADDRESS	7300 WAYNE AVE	
CITY-ST-ZIP	MIAMI BEACH, FL 33141	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*John P. Conte*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-06

Date

Daytime Phone #