

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 15, 1999 8:00 am**  
**Secretary of State**

05-15-1999 90013 008 \*\*\*150.00

DOCUMENT #

Incorp. #G68990

1. Corporation Name

Parkview at Pembroke Pointe, Inc. ✓

Principal Place of Business

Mailing Address

760 NW 107 Ave..  
Suite 300  
Miami, FL 33172

760 NW 107 Ave..  
Suite 300  
Miami, FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/83

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

4. FEI Number

59-2343132 ✓

Applied For

Not Applicable

5. Certificate of Status Desired • ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Shelly Rubin, VP  
760 NW 107 Ave..  
Suite 300  
Miami, FL 33172

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME Miller, Leonard M.  
STREET ADDRESS 700 NW 107 Ave..  
CITY-ST-ZIP Miami, FL 33172

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME Miller, Stuart A.  
STREET ADDRESS 700 NW 107 Ave..  
CITY-ST-ZIP Miami, FL 33172

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DCEO ☐ DELETE  
NAME Saiontz, Steven J.  
STREET ADDRESS 760 NW 107 Ave., Ste 314  
CITY-ST-ZIP Miami, FL 33172

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME Rubin, Shelly  
STREET ADDRESS 760 NW 107 Ave., Ste 300  
CITY-ST-ZIP Miami, FL 33172

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE AS ☐ DELETE  
NAME Arnett, Peta-Gay  
STREET ADDRESS 760 NW 107 Ave., #300  
CITY-ST-ZIP Miami, FL 33172

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME Jordan, Margaret  
STREET ADDRESS 760 NW 107 Ave., Ste 300  
CITY-ST-ZIP Miami, FL 33172

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Margaret Jordan  
Treas.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99  
Date

305/485-2000  
Daytime Phone #

CD05024 141008