2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # N00961 04-25-2005 90310 044 ****61.25 PARKVIEW OF STUART CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 1290 SE PARKVIEWPLACE P.O.BOX 150 50043857 STUART, FL 34995 STUART, FL 34994-5516 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02142005 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 59-2434420 · City & State City & State Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BURSON, ROBERT A PA Street Address (P.O. Box Number is Not Acceptable) 310 WEST FIRST STREET STUART, FL 34994 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Filing Fee is \$61.25 Make check payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition President Change TITLE ☐ Defete TITLE HOSANG, JOHN NAME NAME STREET ADDRESS 1250 SE PARKVIEW PLACE, C-L STREET ADDRESS STUART, FL 34994 CITY-ST-ZIP CITY-ST-7tP DIRECTUR ID Director Delete TIT! F Change ☐ Addition TITLE HANDWERKER, A M NAMÉ AL Handwerker 1250 SEPARICIEW PLACE STUART, I'C 34994 1250 SE PARKVIEW PL., C-9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZIP Addition Delete ☐ Change TITLE Secretary Sandy McClure 125050 Parkview Place C-10 STUART FL 34994 PATERSON, JOHN NAME NAME STREET ADDRESS 2104 NW 22ND AVE, 9-109 -STREET ADDRESS STUART, FL 34994 CITY-ST-ZIP CITY-ST-7IP Addition Treasurer Dalton Priscilla Dalton Texoso Parkview Flace C-03 TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ 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. $\pi \epsilon$ SIGNATURE: __ SIGNATI

SIGNING OFFICER OR DIRECTOR

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