

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004218

FILED
Jan 13, 2009
Secretary of State

Entity Name: PARKVIEW RIDGE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4736 BLANDING BV
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350210
JACKSONVILLE, FL 322350210

New Mailing Address:

FEI Number: 59-3723178

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, GEORGE H. G ESQ
4736 BLANDING BLVD.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALFORD, ATHENA
Address: 6969 PLAYPARK TL
City-St-Zip: JACKSONVILLE, FL 322444376

Title: VP () Delete
Name: BRIDGES, ANDRA R
Address: 6907 PLAYPARK TL
City-St-Zip: JACKSONVILLE, FL 32244

Title: ST () Delete
Name: PETRY, JAMIE L
Address: 6981 PLAYPARK TL
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALFORD, ATHENA M
Address: 6969 PLAYPARK TRL
City-St-Zip: JACKSONVILLE, FL 322444376

Title: VPD (X) Change () Addition
Name: BRIDGES, ANDRA R
Address: 6907 PLAYPARK TRL
City-St-Zip: JACKSONVILLE, FL 322444376

Title: STD (X) Change () Addition
Name: PETRY, JAMIE L
Address: 6981 PLAYPARK TRL
City-St-Zip: JACKSONVILLE, FL 322444376

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: WILLIAM W. THOMPSON

AGT

01/13/2009

Electronic Signature of Signing Officer or Director

Date