

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

9/3/2004-90002-016-\$61.25-\$61.25

FILED  
CLERK OF STATE  
CORPORATION  
04 OCT 11 PM 1:55

DOCUMENT # N03000001146



1. Entity Name  
**PARK VISTA VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**285 SEVILLA AVE 2 FLR  
CORAL GABLES FL 33134**

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



MOORE CR2E037 (4/04)

4. FEI Number **71-0972210** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAMIREZ, RAFAEL (RALPH)  
285 SEVILLA AVE 2 FLR  
CORAL GABLES FL 33134**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	RAMIREZ, RAFAEL (RALPH)	
STREET ADDRESS	285 SEVILLA AVE 2 FLR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	GARCIA, JESUS	
STREET ADDRESS	285 SEVILLA AVE 2 FLR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BELLIN, MARSHALL	
STREET ADDRESS	285 SEVILLA AVE 2 FLR	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/3/04