

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009560

**FILED**  
**Jan 22, 2004**  
**Secretary of State**

**Entity Name:** PARKVIEW HOMEOWNERS' ASSOCIATION OF SARASOTA, INC.

**Current Principal Place of Business:**

4203 LANAI DRIVE  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

4203 LANAI DRIVE  
SARASOTA, FL 34231

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KLEPPINGER, KERRY  
4203 LANAI DRIVE  
SARASOTA, FL 34231

**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: KLEPPINGER, KERRY  
Address: 4203 LANAI DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: STD ( ) Delete  
Name: BATTAGLINE, KEN  
Address: 4203 LANAI DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BATTAGLINE, KEN  
Address: 4203 LANAI DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: STD ( ) Change (X) Addition  
Name: WILSON, DIANA  
Address: 4203 LANAI DRIVE  
City-St-Zip: SARASOTA, FL 34241

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KERRY KLEPPINGER

PD

01/22/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date