


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N03000009560 1. Entity Name PARKVIEW HOMEOWNERS' ASSOCIATION OF SARASOTA, INC.	
---	---

FILED
Jul 11, 2008 08:00 AM
Secretary of State

Principal Place of Business 2241 BEE RIDGE ROAD SARASOTA, FL 34239	Mailing Address 2241 BEE RIDGE ROAD SARASOTA, FL 34239
--	--



07082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0103700	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMES, JAMES E
2241 BEE RIDGE ROAD
SARASOTA, FL 34239

**DO NOT WRITE
IN THIS SPACE**

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) DATE _____

Filing Fee Is \$61.25
Due by September 12, 2008

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIMES, JAMES E 2241 BEE RIDGE ROAD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIULLA, HUGO 2241 BEE RIDGE ROAD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ABT, CARINA 2241 BEE RIDGE ROAD SARASOTA, FL 34239
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000954308
07/11/08-80007-019 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: James E. Grimes **July 8, 2008** **941-925-1711**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #