

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000009560

1. Entity Name
PARKVIEW HOMEOWNERS' ASSOCIATION OF
SARASOTA, INC.



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

Mailing Address
2241 BEE RIDGE ROAD
SARASOTA, FL 34239

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



07082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-0103700	Applied For 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 Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIMES, JAMES E
STREET ADDRESS 2241 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA, FL 34239

TITLE VD
NAME CIULLA, HUGO
STREET ADDRESS 2241 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA, FL 34239

TITLE STD
NAME ABT, CARINA
STREET ADDRESS 2241 BEE RIDGE ROAD
CITY-ST-ZIP SARASOTA, FL 34239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 8, 2008

Date

941-925-1711

Daytime Phone #