## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000005108

FILED Apr 21, 2009 Secretary of State

Entity Name: PARK VIEW CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 900 LA COSTA CIRCLE 9031 TOWN CENTER PKWY SARASOTA, FL 34327 BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 900 LA COSTA CIRCLE 9031 TOWN CENTER PKWY SARASOTA, FL 34327 BRADENTON, FL 34302 FEI Number: 20-2855145 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDOBA, STEPHEN M WILSON, DOUG E C/O CMC C/O ADVANCED MANAGEMENT 4175 EBAY DR STE 205 9031 TOWN CENTER PKWY CLEARWATER, FL 33764 US BRADENTON, FL 34202 US 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: DOUGLAS E WILSON 04/21/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FIERRO, JOSEPH Name: Name: 930 LA COSTA CIRCLE 5 Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: (X) Delete Title: () Change () Addition JOHNSTONE, JANE Name: Name: Address: 2624 HAWTHORNE STREET Address: City-St-Zip: SARASOTA, FL 34239 City-St-Zip: Title: () Delete Title: () Change () Addition CLEMMENTS, RALPH Name: Name: Address: 924 LA COSTA CIRCLE 2 Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: () Delete Title: () Change () Addition SUNDAY, ADAM Name: Name: 966 LA COSTA CIRCLE 6 Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: Title: (X) Delete () Change () Addition ROSHING, SCOTT Name: Name: 5014 LORDS AVE Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip:

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: ADAM SUNDAY T 04/21/2009