2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # N06288

1. Entity Name
PARKVIEW-OF-NAPLES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
1100 3RD STREET SOUTH
NAPLES, FL 34102

Mailing Address
745-12TH AVENUE SOUTH
SUITE AA
NAPLES, FL 34102

2. Principal Place of Business
Suite, Apt #, etc
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip | Country

01202004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2765954 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent
MOORE PROPERTY MANAGEMENT INC
745-12TH AVENUE SOUTH
SUITE AA
NAPLES, FL 34102

7. Name and Address of New Registered Agent
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 title if applicable (NOTE: Registered Agent signature required when resigning) DATE

Filing Fee is $61.25
Due by May 1, 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	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SANFORD, EARL	NAME	
STREET ADDRESS	1100 3RD STREET SOUTH	STREET ADDRESS	U000000069265
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	03/01/04-80008-015 61.25
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BARGAR, ROBERT	NAME	
STREET ADDRESS	1100 3RD STREET SOUTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FARRELL, JOHN	NAME	
STREET ADDRESS	1100 3RD STREET SOUTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FITZMAURICE, BARBARA	NAME	
STREET ADDRESS	1100 3RD STREET SOUTH	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34102	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Robert Bargar 2/24/04 239 262 5851
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #