


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90050 036 *****70.00

DOCUMENT # N07000002604	
1. Entity Name PARK VILLAGE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 201 FRONT ST., STE. 224 KEY WEST, FL 33040	Mailing Address 201 FRONT ST., STE. 224 KEY WEST, FL 33040
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2. Principal Place of Business - No P.O. Box # 32 6th Ave.	3. Mailing Address 32 6th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Key West, FL	City & State Key West, FL
Zip 33040	Country USA

40006682



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-8882811	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ALLISON, JOHN R. III 6803 OVERSEAS HWY MARATHON, FL 33050	
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7. Name and Address of New Registered Agent Name Natalie Varela Street Address (P.O. Box Number is Not Acceptable) 32 6th Ave. City Key West FL Zip Code 33040	
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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 <u>Natalie Varela</u> Signature, typed or printed name of registered agent and title if applicable	DATE <u>1/15/08</u> (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERVANTES, MICHAEL 14 6TH AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OTTEY, SAULO 42 6TH AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GAUL, FRANCESCA 6 6TH AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T VARELA, NATALIE 32 6TH AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M FULLER, HENRY 29 7TH AVENUE KEY WEST, FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Natalie Varela</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>1/15/08</u> Daytime Phone # <u>305-292-8779</u>