

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90026 031 ****61.25

DOCUMENT # N08141

1. Corporation Name

PARK VIEW ESTATES TOWNHOMES ASSOCIATION, INC.

Principal Place of Business

Mailing Address

995 DENTON RD
~~622 RIVER CHASE TRAIL~~
FT WALTON BCH FL 32547
US

% STEVE FURBACHER
322 RIVER CHASE TRAIL
DULUTH GA 30136



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

03/14/1985

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
58-2059312

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐ NO **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution ☐ NO **\$5.00 May Be Added to Fees**

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOSTER, WILLIAM SCOTT
909 MAR WALT DR.
SUITE 1014
FT. WALTON BEACH FL 32547

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **FURBACHER, STEVE**
CITY-ST-ZIP **322 RIVER CHASE TRAIL**
DULUTH GA 30136

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **AINER, ROBERT S**
CITY-ST-ZIP **P.O. BOX 945 N/A**
FARMINGTON CT 06034-0945

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **CERRI, STEPHEN**
CITY-ST-ZIP **24 PENINSULA DR.**
STRATHAM NH 03885

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MURPHY, DANIEL**
CITY-ST-ZIP **P. O. BOX 825 N/A**
NORTH ANDOVER MA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0011066

CR2E037 (11/98)