

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N16205 1. Entity Name PARKVIEW COMMERCIAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 12316 SW 132ND COURT MIAMI, FL 33186 US			Mailing Address 12316 SW 132ND COURT MIAMI, FL 33186 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 831741 Suite, Apt. #, etc.			
City & State MIAMI FLORIDA		4. FEI Number 59-2723239		Applied For <input type="checkbox"/> Not Applicable	
Zip 33283		Country Miami-Dade		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, JEREMY 1541 BRICKELL AVE SUITE 1504 MIAMI, FL 33129			7. Name and Address of New Registered Agent Name OCEAN MANAGEMENT Street Address (P.O. Box Number is Not Acceptable) 10697 SW 76 TER City MIAMI FL Zip Code 33173		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>			Edgar Fonseca. 1/27/09 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2009		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAPIRO, FLORENCE L 12316 SW 132ND COURT MIAMI, FL 33188	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JOHN STACKHOUSE 12336 SW 132 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POTENZA, CARMINE 12320 SW 132ND COURT MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ALEX ARIAS 12342 SW 132 CT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MENDEZ, JESUS 12316 SW 132 CT MIAMI, FL 33186	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	900143851669 02/18/09--01004--005 **\$61.25
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	
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	
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/6/09 <small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/18/09