NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N19507

1. Corporation Name

PARKVIEW PLACE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Mailing Address

211 PARK AVENUE LABELLE FL 33935

21

POST OFFICE BOX 839 LABELLE FL 33935

2a. Mailing Address

26

FILED May 14, 1999 8:00 am Secretary of State

05-14-1999 90001 009 ***361.25

3. Date Incorporated or Qualifed

03/03/1987

Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc.			4. FEI Number			App	lied For
22	27				65-0089622		Not Applicable	
City & Stat							\$8.75 A	dditional
23	28				5. Certifcate of Status Desired		Fee Req	uired
Zip	Country	Zip Country			6. Election Campaign Financing		\$5.00 N	May Be
24	25	29	0		Trust Fund Contribution		Added to	Fees
Name and Address of Current Registered Agent					10. Name and Address of New I	Registered A	gent	
			81	Name	s O. Faass			Ì
ramunni, steven a		82		ss (P.O. Box Number is Not Accept	able)			
150 SOUTH MAIN STREET				0 CR-78-A				
SUITE 3			83	Б. О	D-11 030			
LABELLE FL 33935		84		Box 839		85 Zip C	nde	
ENDELLE PE 33333			84	LaB	elle,	FL	339	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Fjorida Statutes	, the above	e-named corpor	ration submits this statement for the	purpose of c	hanging its r	egistered
office or r	egistered agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such charles was authorised. Section 6/7,0503/ Florid	norized by la Statutes	the corporation	's board of directors. I hereby acce	ot the appoin	tment as reg	stered
	Hans O. Faass				ப	- 12-	- 100	$a \mid$
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NoTE: Re	egistered Ager	nt signature required v	when reinstating)	DATE	_ * 1 -1	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 12
TITLE	DT	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	FAASS, HANS		1.2 NAME	ļ				}
STREET ADDRESS	4918 78TH CR		1.3 STREET	ADDRESS				}
CITY-ST-ZIP	LABELLE FL		1.4 CITY- \$	T-ZIP	_			
TITLE	DT	☐ DELETE	2.1 TITLE				Change	☐ Addition
NAME	FAASS, RUTH		2.2 NAME					}
STREET ADDRESS	4918 78TH CR		2.3 STREET	ADDRESS				1
CITY-ST-ZIP	LABELLE FL		2.4 CITY-5	T-ZIP				
TITLE	DT	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME	SUDDABY, RICHARD H.		3.2 NAME					
STREET ADDRESS	211 PARK AVENUE		3.3 STREE	ADDRESS				}
CITY-ST-ZIP	LABELLE FL		3 4. CITY- 9	T-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4.2 NAME					\
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				Change	Addition
NAME			5 2 NAME					ļ
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-8	T- ZIP				\
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADORESS				
CITY-ST-ZIP			6.4 CITY-S	T-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: Ruth Faass / DTT / FO