

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N26667 (8)**
1. Corporation Name
PARKVIEW PLACE HOMEOWNERS ASSOCIATION, INC.

APPROVED
AND
FILED

95 APR 20 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1150 NEW PARKVIEW PL W. PALM BEACH FL 33417 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/31/1988** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0101408** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **1160 NEW PARKVIEW PL** 26 **1160 NEW PARKVIEW PL**
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State **W PALM BEACH** 28 City & State **W PALM BEACH**
24 Zip **33417** 25 Country **PALM BEACH** 29 Zip **33417** 30 Country **PALM BEACH**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DMAGGIO, MICHAEL
1150 NEW PARKVIEW PL
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent
81 Name **THOMAS E. BLACKBURN**
82 Street Address (P.O. Box Number is Not Acceptable) **1160 NEW PARKVIEW PL**
83
84 City **W PALM BEACH** FL 85 Zip Code **33417**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Thomas E. Blackburn* DATE **Feb. 13, 1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	REYNOLDS, JAMES
STREET ADDRESS	1120 NEW PARKVIEW PL
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	VTD
NAME	GONZALEZ, LOURDES
STREET ADDRESS	1130 NEW PARKVIEW PL
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	SD
NAME	DMAGGIO, MICHAEL
STREET ADDRESS	1150 NEW PARKVIEW PL
CITY - ST - ZIP	W. PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PD ROBERT B. INMAN
1.3 STREET ADDRESS	1140 NEW PARKVIEW PL
1.4 CITY - ST - ZIP	W PALM BEACH, FL 33411
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VTD EDWARD HOWARD
2.3 STREET ADDRESS	1080 NEW PARKVIEW PL
2.4 CITY - ST - ZIP	W PALM BEACH, FL 33417
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD THOMAS E. BLACKBURN
3.3 STREET ADDRESS	1160 NEW PARKVIEW PL
3.4 CITY - ST - ZIP	W PALM BEACH FL 33417
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: *R. B. Inman* **ROBERT B INMAN, 2/13/95 407 471 7403**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deline Here