## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

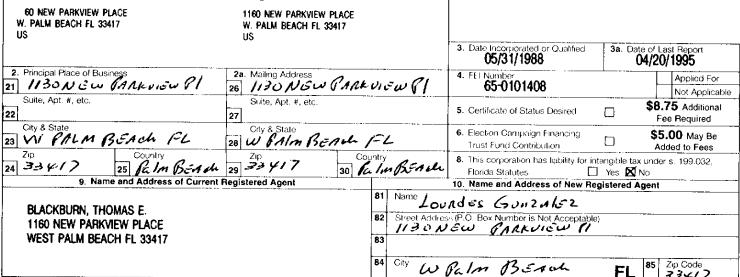
**DOCUMENT #** 

N26667 (8)

PARKVIEW PLACE HOMEOWNERS ASSOCIATION, INC.

Principal	Place	of	Business	

Mailing Address



33417 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. Thereby accept the appointment as registered agent. I am familiar with, and apopt the obligation of, Section 617.0503. Florida Statutes.

12.	Synthore, typed or printed hair of regulation and on the or of the or		It: Registered Agent signature  13.	ADDITIONS CHANGES TO OFFICERS A		:24-96.
TITLE	PD	DELETE	1.1 TILLE	TPA	Change	Addition
NAME	inman, robert B.		1.2 NAME	DIMAGGIO, MICHAEL 1150 NEW PARKUIDE PI	TE Change	☐ Addition
STREET ADDRESS	1140 NEW PARKVIEW PLACE		1.3 STREET ADDRESS	1150 NEW PARKULOW !!		
CITY-ST-ZIP	W. PALM BEACH FL		1.4 CITY - ST - ZIP	W. PAIM BEACK FL 33417		
TITLE	VTD	DELETE	2 1 TITLE	V70	Change	Addition
NAME	HOWARD, EDWARD		2.2 NAME	GARCIA, JOSÉ M.		
STREET ADDRESS	1080 NEW PARKVIEW PLACE		2 3 STREET ADDRESS	GARCIA, JOSÉ M. 1031 NEW PARKVIEW !!		
CITY-ST-ZIP	WEST PALM BEACH FL		2 4 C/TY - ST - 7/P	W. GAIM BEACK, IL 33x	17	
TALE	SD	<b>₽</b> DELETE	3.1 TIFLE	SD GUNZALEZ, LOURDES 1130 NEW PARKUEUPI W. PAIM BEACH, FL 3341,	- Change	Addition
NAME	BLACKBURN, THOMAS E.		3.2 NAME	GUAZALEZ, LOURDES		
STREET ADDRESS	1160 NEW PARKVIEW PLACE		3 3 STREET ADDRESS	1130 NEW CARROLETUPI		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	W. PAIM BEACH, FL 3341,	7	
TITLE		DELETE	4 1 TILLE		☐ Change	■ Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY - ST - ZIP			4.4 CITY+ST- ZIP			
TITLE		DELETE	5 1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STHEFT ADDRESS			
CITY - S1 - ZIP			54 CITY-ST-7IP			
TITLE		DELETE	6 1 TITLE		☐ Change	Add tion
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
DITY-ST-7IP			C 4 CHY CT 310			

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 119.07(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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

907-924-7156