

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **60 NEW PARKVIEW PLACE W. PALM BEACH FL 33417 US**
Mailing Address: **1160 NEW PARKVIEW PLACE W. PALM BEACH FL 33417 US**

3. Date Incorporated or Qualified: **05/31/1988**
3a. Date of Last Report: **04/20/1995**

21	2. Principal Place of Business	2a. Mailing Address
	1130 NEW PARKVIEW PL	1130 NEW PARKVIEW PL
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.
23	City & State	City & State
	W PALM BEACH FL	W PALM BEACH FL
24	Zip	Zip
	33417	33417
25	Country	Country
	FL	FL

4. FEI Number: **65-0101408**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BLACKBURN, THOMAS E.
1160 NEW PARKVIEW PLACE
WEST PALM BEACH FL 33417**

10. Name and Address of New Registered Agent
81 Name: **Louderes Gonzalez**
82 Street Address (P.O. Box Number is Not Acceptable): **1130 NEW PARKVIEW PL**
83
84 City: **W Palm Beach FL** 85 Zip Code: **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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* Secretary **Louderes Gonzalez Secretary 3-24-96**
(NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/>
NAME	INMAN, ROBERT B.	
STREET ADDRESS	1140 NEW PARKVIEW PLACE	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	VTD	<input checked="" type="checkbox"/>
NAME	HOWARD, EDWARD	
STREET ADDRESS	1080 NEW PARKVIEW PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	BLACKBURN, THOMAS E.	
STREET ADDRESS	1160 NEW PARKVIEW PLACE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	D. MAGGIO, MICHAEL		
1.3 STREET ADDRESS	1150 NEW PARKVIEW PL		
1.4 CITY-ST-ZIP	W. PALM BEACH FL 33417		
2.1 TITLE	VTD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	GARCIA, JOSE M.		
2.3 STREET ADDRESS	1031 NEW PARKVIEW PL		
2.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417		
3.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	GONZALEZ, LOURDES		
3.3 STREET ADDRESS	1130 NEW PARKVIEW PL		
3.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 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: *[Signature]* **JOSE M. GARCIA** 3/24/96 907-924-7156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)