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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N26667 (8)

1. Corporation Name  
PARKVIEW PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 1130 NEW PARKVIEW PL, WEST PALM BEACH FL 33417, US  
Mailing Address: 1130 NEW PARKVIEW PL, WEST PALM BEACH FL 33417-5876, US

3. Date Incorporated or Qualified: 05/31/1988  
3a. Date of Last Report: 03/28/1996

2. Principal Place of Business: 21 1141 NEW PARKVIEW PL  
2a. Mailing Address: 26 1141 NEW PARKVIEW PL

4. FEI Number: 65-0101408  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 HAVERHILL FL  
27 HAVERHILL FL

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23 33417 US  
28 33417 US

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

Zip: 24  
Country: 25 US  
Zip: 29  
Country: 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent

GONZALEZ, LOURDES  
1130 NEW PARKVIEW PL  
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

81 Name: JOSEPH ARLE  
82 Street Address (P.O. Box Number is Not Acceptable): 1141 NEW PARKVIEW PL  
83 City: HAVERHILL  
84 City: 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: Joseph A. Arle  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	DIMAGGIO, MICHAEL	1150 NEW PARKVIEW PL W PALM BEACH FL		<input checked="" type="checkbox"/>
VTD	GARCIA, JOSE M	1031 NEW PARKVIEW PL WEST PALM BEACH FL		<input checked="" type="checkbox"/>
SD	GONZALEZ, LOURDES	1130 NEW PARKVIEW PL WEST PALM BEACH FL		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
PD	LINDA BISCHOPP	1071 NEW PARKVIEW PL HAVERHILL FL 33417		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VTD	ROBERT J REINBOLD	1140 NEW PARKVIEW PL HAVERHILL, FL 33417		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	JOSEPH ARLE	1141 NEW PARKVIEW PL HAVERHILL FL 33417		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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.

SIGNATURE: Joseph A. Arle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)