FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham,

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name N26667 (8)

PARKVIEW PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address				3 (MAISTEL WIN FANDE WISCEN DILLA WISCO	MAN WIMIN ASANI MEDIS ALASI BIRKI ANTE ERDE
1130 NEW PARKVIEW PL WEST PALM BEACH FL 33417 US		1130 NEW PARKVIEW PL WEST PALM BEACH FL 33417-5876 US			
03				3. Date incorporated or Qualified 05/31/1988	3a. Date of Last Report 03/28/1996
2. Principal P	lace of Business NEW PARKVIEW PC	2a. Mailing Address 26 //H/ NEW PAR	ekvav k	4. FEI Number 65-0101408	Applied For Not Applicable
Suite, Apt.	KHILL R	Suite, Apt. #, etc. 27 HAVERHIUL	R	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 33 Y		City & State 28 33417	US	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for	
24	25	29 3	− , '	1	Yes A No
	9. Name and Address of Curren			10. Name and Address of New Re	
	// . /	JOSEPH ARLE			
GONZALEZ, LOURDES 1130 NEW PARKVIEW DC			82 Street	Address (P.O. Box Number is Not Acceptated ACC)°PC
WEST PALM BEAH FC 33417			83 H	AVERHILL	
' '			84 City		FL 85 Zio Code
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 of the corporation's board of directors. I bereby accept the appropriate as 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 617.6903, Florida Statutes.					
SIGNATURE Signature Kpod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1.1 TITLE PD		Change Addition
NAME	DIMAGGEQ, MICHAEL		4 5 11 11 11	LINDA BISCHOPP	•
STREET ADDRESS	1150 NEW PARKVIEW PL		1.3 STREET ADDRESS	1091 NEW PARKULEW	<u>K</u>
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	HAUGRHILL FL 334	7
TITLE	VTD 🔪	DELETE	2.1 TITLE UTD		Change Addition
NAME	garcia, yosizm		2.2 NAME	ROBBERT I REINBOLD	_
STREET ADDRESS	1031 NEW PARKVIEW PL		23 STREET ADDRESS	ROBERT I REINBOLD 1140 NEW PARKUICW	PC
CITY-SI-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	HAVERHILL, FC 334	47
TITLE	SD <	DELETE	3.1 TITLE SO		, Change Addition
NAME	GONSALEZ, LOURDES		3.2 NAME	TOSEPH ARLE	نم
STREET ADDRESS	1130 NEW PARKVIEW PL			1141 NEW PARKUIEW	(17)
CITY-ST-ZIP	West Palmi Beach Fl	Libritati	3.4. CITY-ST-ZIP	HAVERHILL FL 334	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition
TITLE			5.1 TITLE	•	Change Addition
NAME DADGET ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-S1-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
		C) pricit			F"1 Auduße F"1 William
NAME CEDELL ADODESC			62 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST-ZIP		

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.

Date Daytime Phone # 0038343

FILED

Apr 30 1997 8:00am

Secretary of State

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