

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



| | |
|--|--|
| Principal Place of Business 1141 NEW PARKVIEW PL HAVERHILL FL 33417 US | Mailing Address 1141 NEW PARKVIEW PL HAVERHILL FL 33417 US |
|--|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 05/31/1988 | |
| 4. FEI Number 65-0101408 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

9. Name and Address of Current Registered Agent

ARLE, JOSEPH
1141 NEW PARKVIEW PL
HAVERHILL FL 33417

10. Name and Address of New Registered Agent

| | |
|---|--------------------------------|
| 81 Name Susan Arle | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1141 New Parkview Place | |
| 83 | |
| 84 City Haverhill | 85 Zip Code FL 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: *Susan Arle*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relistings) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---------------------------------|---|--|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BISCHOFF, LINDA | | 1.2 NAME Gonzalez, Alcides | |
| STREET ADDRESS 1071 NEW PARKVIEW PL | | 1.3 STREET ADDRESS 1120 New Parkview PL | |
| CITY-ST-ZIP HAVERHILL FL | | 1.4 CITY-ST-ZIP Haverhill FL | |
| TITLE VTD | <input type="checkbox"/> DELETE | 2.1 TITLE VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME REINBOLD, ROBERT J | | 2.2 NAME Reynolds, James | |
| STREET ADDRESS 1140 NEW PARKVIEW PL | | 2.3 STREET ADDRESS 1120 New Parkview PL | |
| CITY-ST-ZIP HAVERHILL FL | | 2.4 CITY-ST-ZIP Haverhill FL | |
| TITLE SD | <input type="checkbox"/> DELETE | 3.1 TITLE SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME ARLE, JOSEPH | | 3.2 NAME Arle, Susan | |
| STREET ADDRESS 1141 NEW PARKVIEW PL | | 3.3 STREET ADDRESS 1141 New Parkview PL | |
| CITY-ST-ZIP HAVERHILL FL | | 3.4 CITY-ST-ZIP Haverhill FL | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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: *Susan Arle* 4/28/98 504-684-2614

CR2E037 (10/97)