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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N26667

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



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

05/31/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0101408

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARLE, SUAN
1141 NEW PARKVIEW PL
HAVERHILL FL 33417

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip 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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD GONZALEZ, ALCIDES	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, ALCIDES		1.2 NAME FOURQUART, DAVID
STREET ADDRESS	1130 NEW PARKVIEW PLACE		1.3 STREET ADDRESS 1051 NEW PARKVIEW PLACE
CITY-ST-ZIP	HAVERHILL FL		1.4 CITY-ST-ZIP HAVERHILL, FL
TITLE	VTD REYNOLDS, JAMES	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JAMES		2.2 NAME HOWARD, ED
STREET ADDRESS	1120 NEW PARKVIEW PL		2.3 STREET ADDRESS 1080 NEW PARKVIEW PLACE
CITY-ST-ZIP	HAVERHILL FL		2.4 CITY-ST-ZIP HAVERHILL, FL
TITLE	SD ARLE, SUSAN	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARLE, SUSAN		3.2 NAME BLACKBURN, MARILYN A.
STREET ADDRESS	1141 NEW PARKVIEW PL		3.3 STREET ADDRESS 1160 NEW PARKVIEW PLACE
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)(l), 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, with all other like empowered.

SIGNATURE:

Marilyn A. Blackburn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/99 561-686-7098
Date Daytime Phone #

CR2E037 (11/98)