

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90107 035 ****61.25

DOCUMENT #. N26667
 1. Entity Name
PARKVIEW PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address

A0050266

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1080 New Parkview Place 1080 New Parkview Place
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Haverhill, FL Haverhill, FL
 Zip Country Zip Country
33417 USA 33417 USA

4. FEI Number Applied For
65-0101408 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Edward Howard**
 Street Address (P.O. Box Number is Not Acceptable)
1080 New Parkview Place
 City **Haverhill FL** Zip Code **33417**

8. The above named entity submits this statement for the purpose of changing its registered office, or registered agent, or both, in the state of Florida.

SIGNATURE  **Edward Howard, V/T/D** **3-29-01**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to:
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P/D <input type="checkbox"/> Delete
NAME	FOUQUART, David
STREET ADDRESS	1051 New Parkview Place
CITY-ST-ZIP	Haverhill, FL 33417
TITLE	V/T/D <input type="checkbox"/> Delete
NAME	HOWARD, Edward
STREET ADDRESS	1080 New Parkview Place
CITY-ST-ZIP	Haverhill, FL 33417
TITLE	S/D <input type="checkbox"/> Delete
NAME	BLACKBURN, Marilyn a
STREET ADDRESS	1160 New Parkview Place
CITY-ST-ZIP	Haverhill, FL 33417
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Edward Howard V/T/D** **3-29-01** **561-478-5329**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #