


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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



Principal Place of Business 1101 NEW PARKVIEW PLACE HAVENHILL, FL 33417 US	Mailing Address 1101 NEW PARKVIEW PLACE HAVENHILL, FL 33417 US
--	--



04162004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent
 WILLIAMS, CLADET V
 1101 NEW PARKVIEW PLACE
 HAVERHILL, FL 33417

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining.) DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

U00000140772
 04/29/04-80175-006 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HIRAM, CHRISTOPHER E 1120 NEW PARKVIEW PLACE HAVERHILL, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WILLIAMS, CLADET 1101 NEW PARKVIEW PLACE HAVERHILL, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COX, JEANNENE 1190 NEWPARKVIEW PLACE HAVERHILL, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Cladet V Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04 361-
 641-0100
Date Daytime Phone #