


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Aug 27, 2004 8:00 am
Secretary of State

08-27-2004 90010 023 ****61.25


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**

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: Zip Country
City & State: Zip Country


MOORE CR2E037 (4/04)
4. FEI Number: **65-0101408**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75** Additional Fee Required

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

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004.**

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: HIRAM, CHRISTOPHER E STREET ADDRESS: 1120 NEW PARKVIEW PLACE CITY-ST-ZIP: HAVENHILL FL 33417	<input type="checkbox"/> Delete	TITLE: PD NAME: H. CHRISTOPHER EDDEN STREET ADDRESS: 1120 NEW PARKVIEW PLACE CITY-ST-ZIP: HAVENHILL, FL 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VTD NAME: WILLIAMS, CLADET STREET ADDRESS: 1101 NEW PARKVIEW PLACE CITY-ST-ZIP: HAVENHILL FL 33417	<input type="checkbox"/> Delete	TITLE: VTD NAME: SONJA HALL STREET ADDRESS: 1040 NEW PARKVIEW PLACE CITY-ST-ZIP: HAVENHILL, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: COX, JEANNENE STREET ADDRESS: 1190 NEWPARKVIEW PLACE CITY-ST-ZIP: HAVENHILL FL 33417	<input type="checkbox"/> Delete	TITLE: SD NAME: EMIGDIO GARCIA STREET ADDRESS: 1111 NEW PARKVIEW PLACE CITY-ST-ZIP: HAVENHILL, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sonja Hall - SONJA HALL - TREASURER **8/24/04** **(504) 689-5119**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #