

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90715 038 ****61.25

0037503

DOCUMENT # N26667

1. Entity Name
PARKVIEW PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

**1101 NEW PARKVIEW PLACE
HAVENHILL FL 33417
US** **1101 NEW PARKVIEW PLACE
HAVENHILL FL 33417
US**

2. Principal Place of Business 3. Mailing Address

1101 New Parkview Pl **1101 New Parkview Pl**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Haverhill, FL **Haverhill, FL 33417**

Zip Country Zip Country

33417 **FL** **33417** **FL**



CHECK HERE IF MAKING CHANGES

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 **CLADET V. WILLIAMS**

Street Address (P.O. Box Number is Not Acceptable) **1101 New Parkview Pl**

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

SIGNATURE: **Cladet V. Williams Cladet V. Williams V/T/D** DATE: **4/15/03**

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

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	HIRAM, CHRISTOPHER E	
STREET ADDRESS	1120 NEW PARKVIEW PLACE	
CITY-ST-ZIP	HAVENHILL FL 33417	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WILLIAMS, CLADET	
STREET ADDRESS	1101 NEW PARKVIEW PLACE	
CITY-ST-ZIP	HAVENHILL FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COX, JEANNENE	
STREET ADDRESS	1190 NEWPARKVIEW PLACE	
CITY-ST-ZIP	HAVENHILL 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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Cladet V. Williams V/T/D** DATE: **4/15/03** 561-641-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)