

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 8:00 am**  
**Secretary of State**

03-31-2008 90004 024 \*\*\*\*61.25

<b>DOCUMENT # N32654</b> 1. Entity Name <b>PARKVIEW POINTE HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044</b>			Mailing Address <b>2180 WEST SR 343 STE 5000 LONGWOOD, FL 32779 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-2996066</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>HART, JAMES W JR SENTRY MANAGEMENT INC 2180 WEST SR 434, STE 5000 LONGWOOD, FL 32779</b>					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIMMINO, NICK 5737 NORMAN H CUTSON DR ORLANDO, FL 32821 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD2 SPECTOR, LYLE 11749 PEACH GROVE LN ORLANDO, FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> KING, DONNA 11427 PUMPKIN SEED CT ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOAK, PATTY 11236 PAPHYRUS LN ORLANDO, FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, DIANA 11298 PAPHYRUS LN ORLANDO, FL 32821 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, DONNA 11427 PUMPKIN SEED CT ORLANDO, FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>SD</del> RUSSO, AL 5730 PARKVIEW POINTE DR ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLIN, LOUELLA 5629 PARKVIEW LAKE DR ORLANDO, FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> COWAN, ELEANORE 5715 PARKVIEW LAKE DR ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODDARD, SANDY 5837 PETUNIA LN ORLANDO, FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> FIORINO, LORI 6087 PARKVIEW POINTE DR ORLANDO, FL 32821 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURDY, RYAN 11621 PEACH GROVE LN ORLANDO, FL 32821 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-24-08 407.239-3404 <small>Date Daytime Phone #</small>		

ATTACHMENT

40054153

# N32654

PARKVIEW POINTE HOMEOWNERS ASSOCIATION INC  
N32654

BOARD OF DIRECTORS, CONTINUED

D  
SKOURAS, MARIETTA  
5740 ARNOLD ZLOTOFF DR  
ORLANDO, FL 32821