

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32654

FILED
Apr 02, 2009
Secretary of State

Entity Name: PARKVIEW POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 343
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2996066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434, STE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CIMMINO, NICK
Address: 5737 NORMAN H CUTSON DR
City-St-Zip: ORLANDO, FL 32821

Title: VPD2 () Delete
Name: SPECTOR, LYLE
Address: 11749 PEACH GROVE LANE
City-St-Zip: ORLANDO, FL 32821

Title: VPD () Delete
Name: MOORE, DIANA
Address: 11298 PAPHYRUS LN
City-St-Zip: ORLANDO, FL 32821

Title: SD () Delete
Name: YOAK, PATTY
Address: 11236 PAPHYRUS LANE
City-St-Zip: ORLANDO, FL 32821

Title: TD () Delete
Name: KING, DONNA
Address: 11427 PUMPKIN SEED CT
City-St-Zip: ORLANDO, FL 32821

Title: D () Delete
Name: GODDARD, SANDY
Address: 5837 PETUNIA LN
City-St-Zip: ORLANDO, FL 32821

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GALLIN, LOUELLA
Address: 5629 PARKVIEW LAKE DR
City-St-Zip: ORLANDO, FL 32821

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: COWAN, ELEANORE B
Address: 5715 PARKVIEW LAKE DR
City-St-Zip: ORLANDO, FL 32821

Title: VPD (X) Change () Addition
Name: YOAK, PATRICIA
Address: 11236 PAPHYRUS LANE
City-St-Zip: ORLANDO, FL 32821

Title: TD (X) Change () Addition
Name: HULSE, ROBERT
Address: 11750 PEACHSTONE LN
City-St-Zip: ORLANDO, FL 32821

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUELLA GALLIN

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date