

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAR -6 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N35657** (8)  
1. Corporation Name  
**PARK VIEW I CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**% PROFESSIONALLY YOURS, INC.** **% PROFESSIONALLY YOURS, INC.**  
P.O. BOX 631 P.O. BOX 631  
CAPE CORAL FL 33910 CAPE CORAL FL 33910

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified 3a. Date of Last Report  
**12/11/1989** **04/04/1994**  
4. FEI Number Applied For  
**59-1906722** Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DAUGHERTY, WILLIAM**  
**4218 SE 20TH PLACE D3**  
**CAPE CORAL FL 33907**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <del>VB</del>	NAME <del>WAITEKUC, ROBERT</del>	1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <del>4210 SE 20TH PLACE CL</del>	CITY-ST-ZIP <del>CAPE CORAL FL</del>	1.2 NAME PRANGER, WILLIAM	
TITLE <del>D</del>	NAME <del>WASHER, WILLIAM</del>	1.3 STREET ADDRESS 4210 SE 20TH PLACE B1	
STREET ADDRESS <del>4210 SE 20TH PL C2</del>	CITY-ST-ZIP <del>CAPE CORAL FL</del>	1.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE <del>DSF</del>	NAME DAUGHERTY, WILLIAM	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 428 SE 20TH PL D3	CITY-ST-ZIP CAPE CORAL FL	2.2 NAME HOF, JIM	
TITLE D	NAME SPANGLER, EDWARD	2.3 STREET ADDRESS 4218 SE 20TH PLACE D1	
STREET ADDRESS 4210 SE 20TH PL B-2	CITY-ST-ZIP CAPE CORAL FL	2.4 CITY-ST-ZIP CAPE CORAL, FL 33904	
TITLE <del>PD</del>	NAME TANNER, RICHARD	3.1 TITLE STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 4210 SE 20TH PLACE A3	CITY-ST-ZIP CAPE CORAL FL	3.2 NAME	
TITLE	NAME	3.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: *William L. Pranger* 3/4/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR