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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N35657 (8)

1. Corporation Name
PARK VIEW I CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
% PROFESSIONALLY YOURS, INC. P.O. BOX 831 CAPE CORAL FL 33910
% PROFESSIONALLY YOURS, INC. P.O. BOX 831 CAPE CORAL FL 33910-0831

3. Date Incorporated or Qualified 12/11/1989 3a. Date of Last Report 03/18/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-1906722 Applied For Not Applicable
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 6. 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 OLSON, BARBARA 82 Street Address (P.O. Box Number is Not Acceptable) PROFESSIONALLY YOURS, INC 83 1342 SE 46TH LANE #3 84 City CAPE CORAL FL 85 Zip Code 33904

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE [Signature] [Signature] APRIL 7, 1997
Signature typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD [X] DELETE 1.1 TITLE PD [] Change [X] Addition
NAME PRANGER, WILLIAM 1.2 NAME KUEHN, RAYMOND
STREET ADDRESS 4210 SE 20TH PLACE, 81 1.3 STREET ADDRESS 4218 SE 20TH PLACE D2
CITY-ST-ZIP CAPE CORAL FL 1.4 CITY-ST-ZIP CAPE CORAL, FL 33904
TITLE D [X] DELETE 2.1 TITLE SD [] Change [X] Addition
NAME STATEN, ROBERT 2.2 NAME MCDEVITT, DONNA
STREET ADDRESS 4218 SW 20TH PL E2 2.3 STREET ADDRESS 4218 SE 20TH PLACE E1
CITY-ST-ZIP CAPE CORAL FL 2.4 CITY-ST-ZIP CAPE CORAL, FL 33904
TITLE STD [X] DELETE 3.1 TITLE TD [] Change [X] Addition
NAME DAUGHERTY, WILLIAM 3.2 NAME ANNAS, JERRY
STREET ADDRESS 428 SE 20TH PL D3 3.3 STREET ADDRESS 4210 SE 20TH PLACE C3
CITY-ST-ZIP CAPE CORAL FL 3.4 CITY-ST-ZIP CAPE CORAL, FL 33904
TITLE D [X] DELETE 4.1 TITLE D [] Change [X] Addition
NAME SPANGLER, EDWARD 4.2 NAME COREA, CLAUDE
STREET ADDRESS 4210 SE 20TH PL B-2 4.3 STREET ADDRESS 4210 SE 20TH PLACE C1
CITY-ST-ZIP CAPE CORAL FL 4.4 CITY-ST-ZIP CAPE CORAL, FL 33904
TITLE VPD [] DELETE 5.1 TITLE [] Change [] Addition
NAME TANNER, RICHARD 5.2 NAME [] Change [] Addition
STREET ADDRESS 4210 SE 20TH PLACE A3 5.3 STREET ADDRESS [] Change [] Addition
CITY-ST-ZIP CAPE CORAL FL 5.4 CITY-ST-ZIP [] Change [] Addition
TITLE [] DELETE 6.1 TITLE [] Change [] Addition
NAME [] Change [] Addition
STREET ADDRESS [] Change [] Addition
CITY-ST-ZIP [] Change [] Addition

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] APRIL 7, 1997 (941) 945-1341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054507

CR2E037 (9/96)