## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

STREET ADDRESS

CITY-ST-ZIP

N35657

(8)

PARK VIEW I CONDOMINIUM ASSOCIATION, INC.

FILED									
May	12	1998	8:00am						
Sec	ret	ary of	State						

Principal Place of Business Mailing Address				I CODECIDE LAND LINES BILLIE BEITH 1531 BIR	te miller mente mente miller mente famt.		
* PROFESSIONALLY YOURS, INC.			% PROFESSIONALLY YOURS, INC.		3. Date Incorporated or Qualified		
P.O. BOX 831 CAPE CORAL	FL 33910	P.O. BOX 831 Cape Coral Fl 33910				12/11/1989	
	. • • • • • • • • • • • • • • • • • • •	010 2 00/010 12 00010				4. FEI Number	Applied For
A Oversland C	Place of Business	- 14-10 A				59-1906722	Not Applicable
2. Principal F	TACE OF DUSINESS	2a. Mailing Address				5. Certificate of Status Desired	\$8.75 Additional
Sulte, Apt.	#, etc	Suite, Apt. #, etc.				6. Election Campaign Financing	Fee Required
22		27				Trust Fund Contribution	\$5.00 May 8e Added to Fees
City & Stat	e	City & State				7. Is this nonprofit corporation a homeow	· · · · · · · · · · · · · · · · · · ·
23		28				☐ Yes	□ No
Zip	Country	Zip	<del></del>	untry		8. This corporation owes or has paid the	_ ' _ '
24	25 Q. Name and Address of Curre	29 ent Registered Agent	30	1		Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
				81	Name	10, Italia dia Addies di Itali Itagista	ou Agont
OLSON	, Barbara			82	Ctua at A dalar	(2008-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	SSIONALLY YOURS INC			02	Street Addre	ess (P.O. Box Number is Not Acceptable)	
1342 SI	E <b>48 L</b> N, 3			83			
CAPE C	ORAL FL 33904			84	City		85 Zip Code
				111			<b>-L</b>   -
office or i agent. I a SIGNATURE	registered agent, or both, in the Statem familiar with, and accept the obli-					oration submits this statement for the purpos on's board of directors. I hereby accept the	
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 T	TITLE			Change Addition
NAME	KUEHN, RAYMOND		1.21	NAME			
STREET ADDRESS	4218 SE 20 PL, D2			STREET AI	- 1		
CITY-ST-ZIP TITLE	CAPE CORAL FL SD	DELETE	_	CITY-ST- TITLE	ZIP		Change Addition
NAME	MCDEVITT, DONNA			NAME			CT pristings CT Vocation
STREET ADDRESS	4218 SE 20 PL, E1			STREET AS	nnress		
CITY-ST-ZIP	CAPE CORAL FL			CITY-SI-			
TITLE	<b>T</b> D	DELETE	3.1 T				Change Addition
NAME	<b>AN</b> NAS, JERRY		3.2 1	NAME			
STREET ADDRESS	4210 SE 20 PL, C3		3.3 9	STREET AL	DORESS		
CITY-ST-ZIP	CAPE CORAL FL			CITY-ST-	- ZIP		
TITLE	00054 014105	☐ DELETE	4.1 T				Change Addition
NAME ATREET ADDRESS	COREA, CLAUDE			NAME			
STREET ADDRESS	4210 SE 20 PL, C1 CAPE CORAL FL			STREET AL			
CITY-ST-ZIP TITLE	VPD	X DELETE	4.4 C	CITY-ST-	VP	חס	Change Addition
NAME	TANNER, RICHARD	CA OPERIT		NAME		_	The state of the s
STREET ADDRESS	4210 SE 20TH PLACE A3			STREET AS	ODRESS   JOS	seph Magestro	
CITY-ST-ZIP	CAPE CORAL FL			CITY-ST-		210 SE 20 Place	
TITLE		DELETE	61 T		<del>-   C</del> a	<del>pe Coral, Fl. 33904</del>	Change Addition

6.2 NAME

14. 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 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 changes, or on an attachment with an address

6.3 STREET ADDRESS