

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N35657**

1. Entity Name

PARK VIEW I CONDOMINIUM ASSOCIATION, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90077 017 ****61.25

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 33910-0700



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

PARKVIEW 1 CONDOMINIUMS

3. Mailing Address

P.O. BOX 100831

Suite, Apt. #, etc.

4210 SE 20TH PLACE

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

59-1906722

Applied For

Not Applicable

Zip

33904

Country

U.S.A

Zip

33910

Country

U.S.A.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLSON, BARBARA
PROFESSIONALLY YOURS INC
1342 SE 46 LN, 3
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	KUEHN, RAYMOND	
STREET ADDRESS	4218 SE 20 PL, D2	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MCDEVITT, DONNA	
STREET ADDRESS	4218 SE 20 PL, E1	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ANNAS, JERRY	
STREET ADDRESS	4210 SE 20 PL, C3	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRANGER, BILL	
STREET ADDRESS	4210 SE 20 PL B1	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MAGESTRO, J	
STREET ADDRESS	4210 SE 20 PL	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRENARY, RAY	
STREET ADDRESS	12729 PEARSON DR	
CITY-ST-ZIP	WALSORF, MD 20602-3025	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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.

SIGNATURE:

Raymond Kuehn **4/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)