FILED

2001 UNIFORM BUSINESS REPORT (UBB)

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # N35657** 1. Entity Name 04-16-2001 90020 026 ****61.25 PARK VIEW I CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address PARKVIEW 1 CONDOMINIUMS PO BOX 100831 529825 CAPE CORAL FL 33910 4210 SE 20TH PLACE CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1906722 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) OLSON, BARBARA PROFESSIONALLY YOURS INC 1342 SE 46 LN, 3 Zip Code CAPE CORAL FL 33904 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Addition TITLE ☐ Delete TITLE TD KUEHN, RAYMOND NAME NAME STREET ADDRESS 4218 SE 20 PL, D2 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP SD T ☐ Change Addition TD ☐ Delete TITLE TITLE ANNAS, JERRY NAME STREET ADDRESS STREET ADDRESS 4210 SE 20 PL, C3 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL PD Delete TITLE Change Addition TITLE PRANGER, BILL NAME NAME STREET ADDRESS 4210 SE 20 PL B1 STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP VPD TITLE ☐ Delete TITLE ☐ Change Addition MAGESTRO, J NAME NAME STREET ADDRESS 4210 SE 20 PL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33904 TITLE ☐ Delete TITLE Change Addition NAME TRENARY, RAY NAME TRENARY, RAY STREET ADDRESS 12729 PEARSON DRIVE STREET ADDRESS 4218 SE 20TH PL D4 CITY-ST-ZIP WALDORF MD 20602-3025 CITY-ST-ZIP CAPE CORAL, FL 33904 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 entrustee empowered be 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 gate

Daytime Phone #