2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N35657

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

Principal Place of Business	Mailing Address
C/O PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL, FL 33904 US	C/O PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

01282005   Chg-NP   CR2E037 (10/03)

4. FEI Number	Applied For
59-1906722	Not Applicable

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
CAMPBELL, PHILIP PROFESSIONALLY YOURS INC 1342 SE 46 LN, 3 CAPE CORAL, FL 33904	Name: George Teague Street Address: Professionally Yours Inc 8270 College PKWY #103 City: Ft. Myers FL Zip Code 33919

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____   3-10-05
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2005**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KUEHN, RAYMOND		NAME		
STREET ADDRESS	4218 SE 20 PL, D2		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	SD	☒ Delete	TITLE	SD	☐ Change ☐ Addition
NAME	ANNAS, JERRY		NAME	James R. Rich	
STREET ADDRESS	4210 SE 20 PL, C3		STREET ADDRESS	4218 SE 20 Place #D-7	
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	VD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	PRANGER, BILL		NAME		
STREET ADDRESS	4210 SE 20 PL B1		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☒ Addition
NAME	DELVECCHIA, DOMENIC		NAME		
STREET ADDRESS	9 JANET DRIVE		STREET ADDRESS		
CITY-ST-ZIP	JOHNSTON, RI 02919		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	TRENARY, RAY		NAME		
STREET ADDRESS	4218 SE 20TH PL D4		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33904		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #