

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000001201 (1)
1. Corporation Name
PARKVIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4400 W. SAMPLE RD. SUITE 200 COCONUT CREEK FL 33073-3450	Mailing Address 4400 W. SAMPLE RD. SUITE 200 COCONUT CREEK FL 33073-3473
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3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Management, Inc. Suite, Apt. #, etc. 1189 Sawgrass Corporate Parkway City & State 23 Sunrise, FL Zip 24 33325	2a. Mailing Address 26 Management, Inc. Suite, Apt. #, etc. 1189 Sawgrass Parkway City & State 27 Sunrise, FL Zip 28 33323	25 Country USA	30 Country USA
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4. FEI Number 65-0633067	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MINTO TOWNGATE LIMITED PARTNERSHIP
4400 W. SAMPLE RD.
SUITE 200, ATTN. MICHAEL GREENBERG
COCONUT CREEK FL 33073-3450**

10. Name and Address of New Registered Agent
81 Name
Carlos A. Triay, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
999 Ponce De Leon Boulevard
83
Suite 1110
84 City
Coral Gables, FL
85 Zip Code
33134

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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **6/11/97**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BEER, T.R.	
STREET ADDRESS	4400 W. SAMPLE RD., #200	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LANGLOIS, FRANK	
STREET ADDRESS	4400 W. SAMPLE RD., #200	
CITY-ST-ZIP	COCONUT CREEK FL 33073-3450	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	FRANK RODGERS	
STREET ADDRESS	4400 W SAMPLE RD STE 200	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	PD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	STANTON, JEFF		
1.3 STREET ADDRESS	15133 NW 7 COURT		
1.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	VACHALA, ANN		
2.3 STREET ADDRESS	15119 NW 8 STREET		
2.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
3.1 TITLE	STD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	ROTHROCK, VALERIE		
3.3 STREET ADDRESS	15114 NW 8 STREET		
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33028		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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]* Valerie Rothrock

CR2E037 (9/96)