

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90120 014 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000001201

1. Corporation Name

PARKVIEW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

MANAGMENT. INC
1189 SAWGRASS CORPORTE PKWY
SUNRISE F 33325
US

C/O MIAMI MANAGMENT. INC
1189 SAWGRASS PKWY.
SUNRISE FL 33323
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0633067

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75-Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIAY, CARLOS A. ESQ.
999 PONCE DE LEON BLVD.
STE. 1110
CORAL GABLES FL 33134

81 Name
EDWARD PAUL KREILING

82 Street Address (P.O. Box Number is Not Acceptable)
2500 Weston Road

83 Suite 220

84 City
Weston

FL

85 Zip Code
33331

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Edward Paul Kreiling

1/27/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME STUCKE, ED
STREET ADDRESS 15104 NW 7TH COURT
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME VACHALA, ANN
STREET ADDRESS 15119 NW 8 ST.
CITY-ST-ZIP PEMBROKE PINES FL

2.1 TITLE Change Addition
2.2 NAME Vachala Ann
2.3 STREET ADDRESS 15119 NW 8st.
2.4 CITY-ST-ZIP Pembroke Pines Fl

TITLE STD DELETE
NAME ROTHROCK, VALERIE
STREET ADDRESS 15114 NW 8 ST.
CITY-ST-ZIP PEMBROKE PINES FL

3.1 TITLE Change Addition
3.2 NAME Rothrock, Valerie
3.3 STREET ADDRESS 15114 NW 8st
3.4 CITY-ST-ZIP Pembroke Pines Fl

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-99

(954) 438 9313
Daytime Phone #

0086322

CR2E037-(11/98)