

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005689 (3)

1. Corporation Name

PARKVIEW ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: **7300 GARY AVE. PARKVIEW ISLAND MIAMI BEACH FL 33141**
Mailing Address: **7300 GARY AVE. PARKVIEW ISLAND MIAMI BEACH FL 33141**

3. Date Incorporated or Qualified: **11/30/1995**
3a. Date of Last Report
4. FEI Number: **65-0645885**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No **(501c3)**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **27**
City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**FREIFELDER, MARYON M
7300 GARY AVE.
PARKVIEW ISLAND
MIAMI BEACH FL 33141**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: *Maryon Freifelder* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FREIFELDER, MARYON M	
STREET ADDRESS	7300 GARY AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GORDON, LIGIA	
STREET ADDRESS	7272 GARY AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, BILL	
STREET ADDRESS	834 RAYMOND STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHIN, VINCENT	
STREET ADDRESS	7306 GARY AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACNIVEN, RUTH	
STREET ADDRESS	7306 GARY AVE.	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURK, LOI JI	
STREET ADDRESS	832 RAYMOND STREET	
CITY-ST-ZIP	MIAMI BEACH FL 33141	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SNYDER, MATTIE M.	
1.3 STREET ADDRESS	7414 Gary Avenue	
1.4 CITY-ST-ZIP	Miami Beach, FL 33141	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BAZYLER, DAISY T.	
2.3 STREET ADDRESS	7352 Gary Avenue	
2.4 CITY-ST-ZIP	Miami Beach, FL 33141	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Maryon Freifelder* 5-10-96 305 864-8260
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)