

FILE NOW: FILING FEE IS \$61.25

FILED
May 13 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 # 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 33141-2509
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3. Date Incorporated or Qualified 11/30/1995	3a. Date of Last Report 05/15/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

4. FEI Number 65-0645885	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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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	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 _____ (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 type="checkbox"/> DELETE
NAME	SNYDER, MATTIE M
STREET ADDRESS	7414 GARY AVENUE
CITY-ST-ZIP	MIAMI BEACH FL
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: **Maryon M. Freifelder** *Maryon M. Freifelder* **4/30/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020787

CR2E037 (9/96)