

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>7300 GARY AVE.                  PARKVIEW ISLAND                  MIAMI BEACH FL 33141</b>	Mailing Address <b>7300 GARY AVE.                  PARKVIEW ISLAND                  MIAMI BEACH FL 33141</b>
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3. Date Incorporated or Qualified  
**11/30/1995**

4. FEI Number  
**65-0645885**

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  
 Yes  No

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	<b>FL</b> 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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>FREIFELDER, MARYON M</b>	
STREET ADDRESS	<b>7300 GARY AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>GORDON, LIGIA</b>	
STREET ADDRESS	<b>7272 GARY AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUNNINGHAM, BILL</b>	
STREET ADDRESS	<b>834 RAYMOND STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHIN, VINCENT</b>	
STREET ADDRESS	<b>7306 GARY AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SNYDER, MATTIE M</b>	
STREET ADDRESS	<b>7414 GARY AVENUE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TURK, LOI JI</b>	
STREET ADDRESS	<b>832 RAYMOND STREET</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33141</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CHIN, VINCENT</b>
4.3 STREET ADDRESS	<b>7306 GARY AVE</b>
4.4 CITY-ST-ZIP	<b>MIAMI BEACH, FL 33141</b>
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 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 Freifelder* 4/30/98 305-864-8260

CR2E037 (10/97)