09-12-2000 90234 035 ****61.25

DOCUMENT #N95000005689 (R)

1. Entity Name

PARKVIEW ISLAND HOME OWNERS ASSO. INC.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A0076266

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0645885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARYON M. FREIFELDER 7300 GARY AV PARKVIEW ISLAND MIAMI BEACH FL 33141	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Maryon Freifelder — 9-5-2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P.D FREIFELDER MARYON M. 7300 GARY AVE MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITL / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNYDER MALLIE M 7414 GARY AV MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SNYDER MALLIE SNYDER 7414 GARY AV MIAMI BEACH, FL 33141	☑ Change ☐ Addition
TITLE DT / NAME / STREET ADDRESS / CITY-ST-ZIP	CHIN VINCENT 7290 GARY AV MIAMI BEACH FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maryon M Freifelder — 9-5-2000 — 305-864-8260

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

9/15