

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 02, 2001 8:00 am**  
**Secretary of State**

06-02-2001 90007 042 \*\*\*\*61.25

0039776

**DOCUMENT # N95000005689**

1. Entity 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
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>65-0645885</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**FREIFELDER, MARYON M**  
**7300 GARY AVE.**  
**PARKVIEW ISLAND**  
**MIAMI BEACH FL 33141**

7. Name and Address of New Registered Agent

~~SNYDER, MATTIE M - VPD~~  
**7414 7414 GARY AV**  
**PARKVIEW ISLAND**  
**MIAMI BEACH FL 33141**

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 M. FREIFELDER** *Maryon M. Freifelder* DATE: **4-18-01**

Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>FREIFELDER, MARYON M</b> <b>7300 GARY AVE.</b> <b>MIAMI BEACH FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>CHIN, VINCENT</b> <b>7306 GARY AVE.</b> <b>MIAMI BEACH FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>-VPD</b> <b>SNYDER, MATTIE M</b> <b>7414 GARY AVENUE</b> <b>MIAMI BEACH FL 33141</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE: **MARYON M. FREIFELDER** *Maryon M. Freifelder* DATE: **4-18-01**

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

CR2E037 (10/00)