

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90041 024 ****61.25

DOCUMENT # **N950000 5689**
1. Entity Name
PARKVIEW ISLAND HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7300 GARY AVE. Suite, Apt. #, etc. PARKVIEW AVE. City & State MIAMI BEACH, FL Zip 33141		3. Mailing Address 46 RUTH M. MACNIVEN Suite, Apt. #, etc. 7306 GARY AVE. City & State MIAMI BEACH, FL Zip 33141 Country MIAMI-DADE	
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DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0645885

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
SNYDER, MATTIE M.

Street Address (P.O. Box Number, is Not Acceptable)
7414 GARY AVE.

PARKVIEW ISLAND

City
MIAMI BEACH, FL Zip Code
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 _____ DATE _____

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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD- FREIFELDER, MARYON M. 7300 GARY AVE. MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD- CHIN, VINCENT 7306 GARY AVE. MIAMI BEACH, FL 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-D- SNYDER, MATTIE M. 7414 GARY AVE. MIAMI BEACH, FL 33141
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mattie M. Snyder **MATTIE SNYDER** **4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)