

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

*AMEND*  
FILED  
CLERK OF STATE  
DIVISION OF CORPORATION  
03 DEC 30 AM 8:54

DOCUMENT # *N95000005689*  
1. Entity Name *PARKVIEW ISLAND HOME OWNERS ASSOCIATION*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*7414 GARY AVENUE*  
Suite, Apt. # etc. *PARKVIEW ISLAND*  
City & State *MIAMI BEACH, FL.*  
Zip *33141-2510* Country *U.S.A.*

3. Mailing Address  
*MATTIE M. SNYDER*  
Suite, Apt. # etc. *7414 GARY AVENUE*  
City & State *MIAMI BEACH, FL.*  
Zip *33141-2510* Country *U.S.A.*

*11/24/03 01046 003 \$70.00*  
**DO NOT WRITE IN THIS SPACE**

4. FEI Number *65-064-5885*  Applied For  
Not Applicable

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 *MATTIE M. SNYDER*  
Street Address (P.O. Box Number is Not Acceptable) *7414 GARY AVENUE, PARKVIEW ISLAND*  
*MIAMI BEACH*  
City *MIAMI BEACH* FL Zip Code *33141-2510*

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 *Mattie M. Snyder* DATE *11/20/03*  
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	<i>President MATTIE M. SNYDER 7414 GARY AVENUE MIAMI BEACH, FL. 33141-2510</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Secretary BECKY ADKINS 7426 GARY AVENUE MIAMI BEACH, FL. 33141-2510</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Treasurer VINCENT CHIN 7300 GARY AVENUE MIAMI BEACH, FL. 33141-2510</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Board Director MARITZA E. LEONARD 7430 GARY AVENUE MIAMI BEACH, FL. 33141-2510</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Board Director TATIANE PACKER 7304 GARY AVENUE MIAMI BEACH, FL. 33141-2510</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>Board Director ROGER ULDRICH 7296 GARY AVENUE MIAMI BEACH, FL. 33141-2510</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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* DATE *11/20/03* 305-864-1282  
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)