

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2006
Secretary of State**

DOCUMENT# N95000005689

Entity Name: PARKVIEW ISLAND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7414 GARY AVE.
PARKVIEW ISLAND
MIAMI BEACH, FL 331412510

New Principal Place of Business:

Current Mailing Address:

7414 GARY AVE.
PARKVIEW ISLAND
MIAMI BEACH, FL 331412510

New Mailing Address:

FEI Number: 65-0645885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNYDER, MATTIE M
7414 GARY AVE
PARKVIEW ISLAND
MIAMI BEACH, FL 331412510 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SNYDER, MATTIE M
Address: 7414 GARY AVENUE
City-St-Zip: MIAMI BEACH, FL 331412510

Title: S () Delete
Name: ADKINS, BECKY
Address: 7426 GARY AVENUE
City-St-Zip: MIAMI BEACH, FL 331412510

Title: T () Delete
Name: CHIN, VINCENT
Address: 7300 GARY AVENUE
City-St-Zip: MIAMI BEACH, FL 331412510

Title: BD () Delete
Name: LEONARD, MARITZA E
Address: 7430 GARY AVENUE
City-St-Zip: MIAMI BEACH, FL 331412510

Title: BD () Delete
Name: PACKER, TATIANE
Address: 7304 GARY AVE.
City-St-Zip: MIAMI BEACH, FL 33141

Title: BD () Delete
Name: ULDRICH, ROGER
Address: 7296 GARY AVE.
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BD (X) Change () Addition
Name: WILLIAM, PEDRAZA
Address: 7316 GARY AVE.
City-St-Zip: MIAMI BEACH, FL 33141

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTIE SNYDER

P

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date