

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

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90162 035 \*\*\*\*75.00

DOCUMENT # *N95000005689*

1. Entity Name  
*PARKVIEW ISLAND HOMEOWNERS  
ASSOCIATION, INC.*

00101000

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*7414 GARY AVE*

3. Mailing Address  
*MATTIE M. SNYDER*

Suite, Apt. #, etc.  
*PARKVIEW ISLAND*

Suite, Apt. #, etc.  
*7414 GARY AVE*

City & State  
*MIAMI BEACH, FL*

City & State  
*MIAMI BEACH, FL 33141*

Zip  
*33141-2510*

Country  
*MIAMI DADE*

Zip  
*33141-2510*

Country  
*DADE*

4. FEI Number  
*65-064-5885*

Applied For  
 Not Applicable

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

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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 AVE*  
*MIAMI BEACH, PARKVIEW ISLAND*  
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*

*4/26/03*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**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>SEC. ADKINS BECKY 2426 GARY AVE MIAMI BEACH, FL 33141</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD. CHIN VINCENT 7306 GARY AVE MIAMI BEACH, FL 33141</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BOARD LEONARD MARITZA 2430 GARY AVE MIAMI BEACH, FL 33141</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BD. PEDRAZA WILLIAM 7316 GARY AVE MIAMI BEACH, FL 33141</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BD PACKER TATIANE 7304 GARY AVE MIAMI BEACH, FL 33141</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BD ULDRICH ROGER 7296 GARY AVE MIAMI BEACH, FL 33141</i>

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**DO NOT WRITE  
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Mattie M. Snyder* MATTIE M. SNYDER *4/26/03*

CR2E037B (12/01)