

**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.*

DO NOT WRITE IN THIS SPACE

00101000

2. Principal Place of Business
7414 GARY AVE

Suite, Apt. #, etc.
PARKVIEW ISLAND

City & State
MIAMI BEACH, FL

Zip
33141-2510

Country
MIAMI DADE

3. Mailing Address
MATTIE M. SNYDER

Suite, Apt. #, etc.
7414 GARY AVE

City & State
MIAMI BEACH, FL 33141

Zip
33141-2510

Country
DADE

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

7. Name and Address of Current Registered Agent

Name
MATTIE M. SNYDER

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

City
MIAMI BEACH, PARKVIEW ISLAND

City
MIAMI BEACH FL Zip Code
33141-2510

**DO NOT WRITE
IN THIS SPACE**

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
*SEC.
ADKINS BECKY
2426 GARY AVE
MIAMI BEACH, FL 33141*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*TD.
CHIN VINCENT
7306 GARY AVE
MIAMI BEACH, FL 33141*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*BOARD
LEONARD MARITZA
2430 GARY AVE
MIAMI BEACH, FL 33141*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*BD.
PEDRAZA WILLIAN
7316 GARY AVE
MIAMI BEACH, FL 33141*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*BD
PACKER TATIANE
7304 GARY AVE
MIAMI BEACH, FL 33141*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*BD
ULDRICH ROGER
7296 GARY AVE
MIAMI BEACH, FL 33141*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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)