

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90240 050 ****61.25

DOCUMENT # NQ00006168 ✓

1. Corporation Name

PARKVIEW ON MERCY DRIVE HOMEOWNERS ASSOCIATION INC

Principal Place of Business

2180 W SR 434 STE 5000
LONGWOOD FL 32779

Mailing Address

2180 W SR 434 STE 5000
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/05/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 City & State

27 City & State

59-3537527

Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

25

Country

29

Zip

Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME DEMETREE, MARY L
STREET ADDRESS 3348 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL 32804

1.2 NAME HODGE, DEBORAH B
1.3 STREET ADDRESS 4001 KALUGA PARK STREET
1.4 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition

NAME MICKELSON, VICKI
STREET ADDRESS 3348 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL 32804

2.2 NAME BLAKE, PATRICIA
2.3 STREET ADDRESS 4023 KALUGA PARK ST
2.4 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☒ DELETE

3.1 TITLE ☐ Change ☒ Addition

NAME MAGULLA, CYNTHIA S
STREET ADDRESS 3348 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL 32804

3.2 NAME RODRIGUEZ, JUAN
3.3 STREET ADDRESS 1143 CITY PARK AVE
3.4 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME SHAVERS, JENNIFER
4.3 STREET ADDRESS 1356 GOLDEN GATE AVE
4.4 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME WARE, DIANE L
5.3 STREET ADDRESS 1202 GOLDEN GATE AVE
5.4 CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99

Date

Daytime Phone #

CR2E037 (11/98)