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

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



NONPROFIT CORPORATION  
 ANNUAL REPORT  
 1999

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

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

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

12/05/1996

22 City & State

27 City & State

4. FEI Number

59-3537527

Applied For  
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

Country

29 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$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	D	<input checked="" type="checkbox"/> DELETE
NAME	DEMETREE, MARY L	
STREET ADDRESS	3348 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MICKELSON, VICKI	
STREET ADDRESS	3348 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAGULLA, CYNTHIA S	
STREET ADDRESS	3348 EDGEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HODGE, DEBORAH B	
1.3 STREET ADDRESS	4001 KALUGA PARK STREET	
1.4 CITY-ST-ZIP	ORLANDO FL 32808	
2.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BLAKE, PATRICIA	
2.3 STREET ADDRESS	4023 KALUGA PARK ST	
2.4 CITY-ST-ZIP	ORLANDO FL 32808	
3.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RODRIGUEZ, JUAN	
3.3 STREET ADDRESS	1143 CITY PARK AVE	
3.4 CITY-ST-ZIP	ORLANDO FL 32808	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SHAVERS, JENNIFER	
4.3 STREET ADDRESS	1356 GOLDEN GATE AVE	
4.4 CITY-ST-ZIP	ORLANDO FL 32808	
5.1 TITLE	VED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WARE, DIANE L	
5.3 STREET ADDRESS	1202 GOLDEN GATE AVE	
5.4 CITY-ST-ZIP	ORLANDO FL 32808	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

JUAN RODRIGUEZ

4/28/99

Date

Daytime Phone #

CR2E037 (11/98)