FILE NOW: FILING FEE IS $61.25 MAR 16

FILED
Apr 09, 1999 8:00 am
Secretary of State
04-09-1999 90001 034 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N97000000904**

1. Corporation Name
PARKVIEW ESTATES AT BOCA HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
12534 WILES ROAD CORAL SPRINGS FL 33076	12534 WILES ROAD CORAL SPRINGS FL 33076

2. Principal Place of Business 21 951 Broken Sound Pkwy Suite, Apt. #, etc. 22 #250 City & State 23 Boca Raton, FL Zip 24 33487 Country 25 Palm Bch	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 02/18/1997 4. FEI Number 65-0711108 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

LARRY A. ROTHENBERG, PA
900 NO FEDERAL HIGHWAY STE 460
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name Joel Messinger
82 Street Address (P.O. Box Number is Not Acceptable) 951 Broken Sound Parkway
83 #250
84 City Boca Raton FL 85 Zip Code 33487

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 Joel Messinger 4-5-99
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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MOSCOVITCH, LEWIS		1.2 NAME		
STREET ADDRESS	12534 WILES ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PERRY, CRAIG		2.2 NAME		
STREET ADDRESS	12534 WILES ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ALTMAN, OWEN D		3.2 NAME		
STREET ADDRESS	12534 WILES ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33076		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 REQUIRED 3/12/99 954-344-8040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #