2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000000904

1. Entity Name
PARKVIEW ESTATES AT BOCA HOMEOWNERS



FILED Apr 12, 2005 8:00 am Secretary of State 04-12-2005 90129 040 ****61.25

ASSOCIATION, INC.											
COMMUNITY ASSOCIATION SVCS, INC. COM 951 BROKEN SOUND PKY, NW, STE 250 951			iling Address MMUNITY ASSOCIATION SVCS, INC. 11 BROKEN SOUND PKY, NW, STE 250 XCA RATON, FL-33487-3531			E INSPITES FOR 18111	indii orin orin dr	m sein sem es		INEI EI IEEE	
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc. S		Su	Suite, Apt. #, etc.			03242005 _C	hg-NP	CR2E037	7 (10/03)		
City & State		Cit	City & State			4. FEI Number 65-082022	 28			plied For	
Zip	Country Zi		ip Country			5. Certificate of Status Desired S8.75 Additional Fee Required					
6. Name and Address of Current Register			ed Agent			7. Name and Address of New Registered Agent					
MESSINGER, JOEL 951 BROKEN SOUND PKWY					Name Street Address (P.O. Box Number is Not Acceptable)						
#250 BOCA RATON, FL 33487											
				0	ity			FL	Zip Cod	е	
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. Fam familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, typed or printed name of registored agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
1 11111 3 1 44 1 1 1 1 1			9. Election Can Trust Fund C	. •	cing	\$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECTORS			11			ES TO OFFICE	RS AND DIR	ECTORS IN	10	
TITLE DP		☐ Delete TITLE						☐ Change	☐ Addition		
1	DAIDONE, JOHN SS 9743 PARKVIEW AVE		NAMI Stree		ORESS					[
1	RATON, FL 33428		CITY-ST-								
TITLE VPD			☐ Delete TITI		· · · · · · · ·	··			☐ Change	Addition	
	WANDER, HOWARD		NAME								
· I	1			STREET AC	I						
	TD			TITLE	* - X				Change	Addition	
1 -	TD [] HOPKINS, STEVEN			NAME	LIZ	Davast. M	MEGRO	~ -	C. Change	Les Addition	
STREET ADDRESS 9731 F	,				ORESS :	DAVON, MARGARET 21848 Cypress Pulm Ct. BOCA RATOU, FL 33428					
CITY-ST-ZIP BOCA	RATON, FL 33428			CITY-ST-	TP 7	3 CA RATOL	J, tc 3	33428			
TITLE SD NAME ROTH	HARVEY		☐ Delete	title Name			,		Change	Addition	
	ARKVIEW AVE			STREET AD	ORESS						
CITY-ST-ZIP BOCA	RATON, FL 33428			CITY-ST-	nP .						
TITLE D			Detete	TITLE	\mathcal{D}^{-}	~		1	☐ Change	Addition	
	NES, ARMANDO ARKVIEW AVE			NAME STREET AD	00000	TEDEM	ON, PA	uL		ĺ	
	RATON, FL 33428			CITY-ST-2	TP (TEDEMI 9773 PAVI BOCA RATO	Eview A	16	0		
TITLE			☐ Delete	TITLE		BOLA RATO	V/F-	23.72	☐ Change	Addition	
NAME				NAME							
STREET ADORESS				STREET AL						1	
CITY-ST-ZIP	t the information expelied with	h this filies	dose not qualify for	CITY-SI-		ection 110 07/21/it E	orida Statutos	I further cost	fu that the is	oformation	
12. Thereby certify that the information supplied with this filling 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 supplymental 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 eceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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 Disignature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Disignature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR											