

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2006 8:00 am
Secretary of State

07-14-2006 90024 047 ****61.25

DOCUMENT # N97000000904	
1. Entity Name PARKVIEW ESTATES AT BOCA HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business COMMUNITY ASSOCIATION SVCS, INC. 951 BROKEN SOUND PKY, NW, STE 250 BOCA RATON, FL 33487-3531	Mailing Address COMMUNITY ASSOCIATION SVCS, INC. 951 BROKEN SOUND PKY, NW, STE 250 BOCA RATON, FL 33487-3531
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07062006 Chg-NP CR2E037 (4/06)

4. FEI Number 65-0820228	Applied For ☐ Not Applicable
-----------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MESSINGER, JOEL 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
-----------	--	------

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	-----------------------------

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAIDONE, JOHN 9743 PARKVIEW AVE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WANDER, HOWARD 9695 PARKVIEW AVE BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVON, MARGARET 21848 CYPRESS PALM CT BOCA RATON, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROTH, HARVEY 9593 PARKVIEW AVE BOCA RATON, FL 33428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition DR. RALPH PALUMBO 9533 PARKVIEW AVENUE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIEDEMAN, PAUL 9773 PARKVIEW AVE BOCA RATON, FL 33428 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition ROBERT SACK 9557 PARKVIEW AVE BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplement 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 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

Date

Daytime Phone #