

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

05-07-2007 90063 048 ****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 - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 01032007 Chg-NP CR2E037 (12/06) | |
| 4. FEI Number 65-0820228 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MESSINGER, JOEL 951 BROKEN SOUND PKWY #250 BOCA RATON, FL 33487 | | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP DAIDONE, JOHN <input checked="" type="checkbox"/> Delete 9743 PARKVIEW AVE BOCA RATON, FL 33428 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ALFANO, TONY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 951 BROKEN SOUND PKY, STE 250 BOCA RATON, FL 33487 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WANDER, HOWARD <input checked="" type="checkbox"/> Delete 9695 PARKVIEW AVE BOCA RATON, FL 33428 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD FEDER, SIGRID <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 951 BROKEN SOUND PKY STE 250 BOCA RATON, FL 33487 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD DAVON, MARGARET <input type="checkbox"/> Delete 21848 CYPRESS PALM CT BOCA RATON, FL 33428 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PALUMBO, RALPH DR. <input type="checkbox"/> Delete 9533 PARKVIEW AVE. BOCA RATON, FL 33428 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD PALUMBO, RALPH DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition C/O CAS 951 BROKEN SOUND PKY, STE. 250 BOCA RATON, FL 33487 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 supplemental 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: | | | 3/29/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

ATTACHMENT 40107003
~~#N 9700000904~~



COMMUNITY ASSOCIATION SERVICES, INC.
THE PROPERTY MANAGEMENT COMPANY

THIS ASSOCIATION
JUST HAD THEIR ANNUAL
MEETING, APRIL 23RD, 2007

THE NEW BOARD MEMBERS
SIGNED + COMPLETED THE
NEW INFORMATION, AND,
NEW SIGNATURE CARDS,
NEEDED BEFORE THEY COULD
SIGN THE CHECK, THAT
IS WHY THIS IS LATE

THANK YOU

951 Broken Sound Parkway, Suite 250, Boca Raton, FL 33487
(561) 994-1788 • Toll Free: 866-994-1788 • Fax: (561) 998-2337