

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90072 004 \*\*\*\*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 #  
**VICTORY ACCOUNTING SVC**

3. Mailing Address  
**VICTORY ACCOUNTING SERVICE**

Suite, Apt. #, etc.  
**1375 Gateway Blvd.**

Suite, Apt. #, etc.  
**1375 Gateway Blvd.**

City & State  
**Brynton Beach, FL**

City & State  
**Brynton Beach, FL**

Zip  
**33426**

Zip  
**33426**

04142008 Chg-NP CR2E037 (12/06)

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**

**MESSINGER, JOEL  
951 BROKEN SOUND PKWY  
#250  
BOCA RATON, FL 33487**

**7. Name and Address of New Registered Agent**

Name **VICTORY ACCOUNTING SERVICES**

Street Address (P.O. Box Number is Not Acceptable)

**1375 Gateway Blvd.**

City **Brynton Beach**

FL Zip Code **33426**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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**

TITLE **VPD** ☒ Delete  
NAME **ALFANO, TONY**  
STREET ADDRESS **951 BROKEN SOUND PKWY STE 250**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **President** ☐ Delete  
NAME **FEDER, SIGRID**  
STREET ADDRESS **951 BROKEN SOUND PKWY STE 250**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **TD** ☒ Delete  
NAME **DAVON, MARGARET**  
STREET ADDRESS **21848 CYPRESS PALM CT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **PD** ☒ Delete  
NAME **PALUMBO, RALPH DR.**  
STREET ADDRESS **951 BROKEN SOUND PKWY STE 250**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE **D** ☐ Delete  
NAME **JACOBOWITZ, WENDY**  
STREET ADDRESS **951 BROKEN SOUND PKWY STE 250**  
CITY-ST-ZIP **BOCA RATON, FL 33487**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **9774 Parkview Avenue**  
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **Harvey Roth**  
CITY-ST-ZIP **9549 Parkview Ave**  
**Boca Raton, FL 33428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **9767 Parkview Avenue**  
CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-17-08**