

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000904

FILED
Feb 25, 2009
Secretary of State

Entity Name: PARKVIEW ESTATES AT BOCA HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

VICTORY ACCOUNTING SERVICES
1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426

New Principal Place of Business:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE RD, #110
BOCA RATON, FL 33487

Current Mailing Address:

VICTORY ACCOUNTING SERVICES
1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426

New Mailing Address:

C/O A&N MANAGEMENT, INC.
902 CLINT MOORE RD, #110
BOCA RATON, FL 33487

FEI Number: 65-0820228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VICTORY ACCOUNTING SERVICES
1375 GATEWAY BLVD.
BOYNTON BEACH, FL 33426 US

Name and Address of New Registered Agent:

SACHS, SAX & CAPLAN
6111 BROKEN SOUND
SUITE #200
BOCA RATON, FL 33487 US

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.

SIGNATURE: LOU CAPLAN

02/25/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FEDER, SIGRID
Address: 9774 PINEVIEW AVENUE
City-St-Zip: BOCA RATON, FL 33428

Title: TD () Delete
Name: HARVEY, ROTH
Address: 9593 PINEVIEW AVE
City-St-Zip: BOCA RATON, FL 33428

Title: D () Delete
Name: JACOBOWITZ, WENDY
Address: 9767 PEAKVIEW AVENUE
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FEDER, SIGRID
Address: 9774 PARKVIEW AVENUE
City-St-Zip: BOCA RATON, FL 33428

Title: TD (X) Change () Addition
Name: HARVEY, ROTH
Address: 9593 PARKVIEW AVE
City-St-Zip: BOCA RATON, FL 33428

Title: SD (X) Change () Addition
Name: JACOBOWITZ, WENDY
Address: 9767 PARKVIEW AVENUE
City-St-Zip: BOCA RATON, FL 33428

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGRID FEDER

PRES

02/25/2009

Electronic Signature of Signing Officer or Director

Date