2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9700000904

1. Entity Name

STREET ADDRESS

PARKVIEW ESTATES AT BOCA HOMEOWNERS ASSOCIATION.



Apr 28, 2003 8:00 am Secretary of State 04-28-2003 90545 005 ****61.25

FILED

INC.

Principal Place of Business COMMUNITY ASSOCIATION SVCS. INC. 951 BROKEN SOUND PKY. NW. STE 250 BOCA RATON FL 33487-3531 2. Principal Place of Business		Mailing Address COMMUNITY ASSOCIATION SVCS. INC. 951 BROKEN SOUND PKY. NW. STE 250 BOCA RATON FL 33487-3531 3. Mailing Address					
				 	16211 64211 60111 60111 60111 601);	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0820228			plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of Stat		\$8.75 Add	litional
	6. Name and Address of Curren	Registered Agent	<u> </u>	7. Name and Addre	ess of New Registered A	Agent	
	,		Name				
	SER, JOEL KEN SOUND PKWY		Street Address (P.O. Box Number is No		ot Acceptable)		
#250				• 138			
BOCA RA	ATON FL 33487	City			FL	Zip Code	Э
SIGNATURE		, Alexandra de la companya de la com		u frad u han palantation)	DATE		
	Signature, typed or printed name of registered ager	t and title if applicable. (NOTI	E: Registered Agent signature rec	quired when reinstating)	DATE		
FILE DICING, FEET IN 20172			mpaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.							j
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12. I hereby certify that the information supplied with this filing 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 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE