

FILE NOW: FILING FEE IS \$61.25

FILED

May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002385 (9)
1. Corporation Name
PARKVIEW HOMEOWNERS ASSOCIATION OF DEBARY, INC.



Principal Place of Business Mailing Address
111 W. ROBINSON ST. ORLANDO FL 32801 111 W. ROBINSON ST. ORLANDO FL 32801

3. Date Incorporated or Qualified 04/29/1997
4. FEI Number 59-3442752 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 2699 Lec Rd. Suite, Apt. #, etc. Suite 540
22 Winter Park, FL. 27 Winter Park, FL.
24 32789 25 Orange 29 32789 30 Orange

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
NICHOLSON, ANTHONY
111 W. ROBINSON ST.
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name Reinhard G. Stephan
82 Street Address (P.O. Box Number is Not Acceptable) 2699 Lec Rd. Ste. 540
83 Winter Park
84 City
85 Zip Code FL 32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.
SIGNATURE [Signature] DATE 4/24/98

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | DP | <input checked="" type="checkbox"/> DELETE |
| NAME | NICHOLSON, ANTHONY | |
| STREET ADDRESS | 111 W. ROBINSON ST. | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | DTS | <input checked="" type="checkbox"/> DELETE |
| NAME | NICHOLSON, SONIA | |
| STREET ADDRESS | 111 W. ROBINSON ST. | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | DV | <input checked="" type="checkbox"/> DELETE |
| NAME | BELL, JACK | |
| STREET ADDRESS | 111 W. ROBINSON ST. | |
| CITY-ST-ZIP | ORLANDO FL 32801 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|----------------------------|--|
| 1.1 TITLE | DP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DONALD L. MONTGOMERY | |
| 1.3 STREET ADDRESS | 395 PINE SPRINGS DR. | |
| 1.4 CITY-ST-ZIP | DEBARY, FL 32713 | |
| 2.1 TITLE | DTS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | CARMEN CABRALES-PEREZ | |
| 2.3 STREET ADDRESS | 388 MAGNOLIA SPRINGS COURT | |
| 2.4 CITY-ST-ZIP | DEBARY, FL 32713 | |
| 3.1 TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | CAROLYN A. HENDERSON | |
| 3.3 STREET ADDRESS | 67 SPRING RIDGE DRIVE | |
| 3.4 CITY-ST-ZIP | DEBARY, FL 32713 | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | 300002537413 | |
| 6.3 STREET ADDRESS | -05/27/98--01097--005 | |
| 6.4 CITY-ST-ZIP | ***61.25 | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE [Signature] DATE 4-24-98

CR2037 (10/97)