


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # N97000002385 1. Entity Name PARKVIEW HOMEOWNERS ASSOCIATION OF DEBARY, INC.	
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Principal Place of Business 390 PINE SPRINGS DRIVE DEBARY, FL 32713	Mailing Address 390 PINE SPRINGS DRIVE DEBARY, FL 32713
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03172007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3442752	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 PRETHER, JANET 11 SPRING RIDGE DRIVE DEBARY, FL 32713

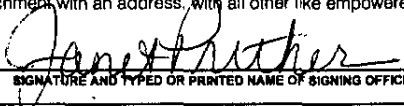
**DO NOT WRITE
IN THIS SPACE**

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)</small>	DATE _____

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	U000000701418 04/20/07-80057-009 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONTGOMERY, WES 398 PINE SPRINGS DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELANO, TOM 395 PINE SPRINGS DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRETHER, JANET 11 SPRING RIDGE DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOVE, RONNA 390 PINE SPRINGS DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/8/2007 (368) 668-1180 <small>Date Daytime Phone #</small>