


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N97000002385</b> 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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**DO NOT WRITE IN THIS SPACE**



03152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3442752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

PRETHER, JANET  
 11 SPRING RIDGE DRIVE  
 DEBARY, FL 32713

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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	

000000888546  
 04/22/08-80017-011 61.25

**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:** Ronna C Love Ronna C Love 4/7/08 (386)852-2755  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #