2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N97000002385

Entity Name: PARKVIEW HOMEOWNERS ASSOCIATION OF DEBARY, INC.

Current Principal Place of Business:

390 PINE SPRINGS DRIVE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

390 PINE SPRINGS DRIVE
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-3442752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRETHER, JANET
11 SPRING RIDGE DRIVE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTGOMERY, WES
Address: 398 PINE SPRINGS DRIVE
City-St-Zip: DEBARY, FL 32713

Title: V ( ) Delete
Name: DELANO, TOM
Address: 395 PINE SPRINGS DRIVE
City-St-Zip: DEBARY, FL 32713

Title: S ( ) Delete
Name: PRETHER, JANET
Address: 11 SPRING RIDGE DR
City-St-Zip: DEBARY, FL 32713

Title: T ( ) Delete
Name: LOVE, RONNA
Address: 390 PINE SPRINGS DRIVE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: SCHISANO, JOSEPH
Address: 367 PINE SPRINGS DRIVE
City-St-Zip: DEBARY, FL 32713

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RONNA LOVE T 04/21/2009

Electronic Signature of Signing Officer or Director — Date