FILED May 22, 2000 8:00 am Secretary of State

04-26-2000 90045 041 ****61.25

DOCUMENT # N9800000170

1. Entity Name

PARKVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Suite, Apt. #, etc. Suite B-100 Suite B-100 City & State Or lando Or lando Or lando Or lando INSA 32810 USA Thornton, Harkley R Sees BEGGS RD. Suite B-100 Suite B-100 City & State Or lando Or registered agent, or both, in the state of Florida. Harded to Fees Or lando	111 WEST ROB ORLANDO FL 3		111 WEST ROBINSON STREET ORLANDO FL 32801						
September Sept					1 18881141 4		B iri ar ik aliji di i d i ad i		
September Sept	2. Principal Place of Business		3. Mailing Address						
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Application Country						DO NOT WRITE IN	THIS SPACE		
Curl and Country Zip Z	Suite B	-100					·		
Second Status Second Statu	City & State		-		4. FEI Number	E0-2406647			
SIGNATURE Signature State						38-3430047			
Size Address of Hew Registered Agent Name and Address of Hew Registered Agent Name	•	· •	1 '		5. Certificate of	of Status Desired			
THORTON, HARKLEY R 5695 BEGGGS RD. SUITE B-100 ORLANDO FI. 32810 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 Forida. ### Page - OO SIGNATURE FILE NOW: FEE IS \$61.25 FILE	32810			USA	7. Name and	Address of New Regist			
Siest Address (P.O. Box Number is Not Acceptable)		G. Hame and Address of Current	tegistered Agent	Name					
SESS SEGS RD. SUITE B-100 ORLANDO FL 32810 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 Forda. Hawly Library Ha			* * * * * * * * * * * * * * * * * * * *						
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SIGNATURE Company Com					5695 Beggs Road, Suite B-100				
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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

417-423-3418