

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

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

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

DOCUMENT # N98000000170

1. Entity Name

PARKVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

111 WEST ROBINSON STREET
 ORLANDO FL 32801

111 WEST ROBINSON STREET
 ORLANDO FL 32801

2. Principal Place of Business

3. Mailing Address

5695 Beggs Road
 Suite, Apt. #, etc.

5695 Beggs Road
 Suite, Apt. #, etc.

Suite B-100
 City & State

Suite B-100
 City & State

Orlando

Orlando

Zip
 32810

Country
 USA

Zip
 32810

Country
 USA

4. FEI Number

59-3496647

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

THORTON, HARKLEY R
5695 BEGGS RD.
SUITE B-100
ORLANDO FL 32810

7. Name and Address of New Registered Agent

Name **Thornton, Harkley R. Esq.**
 Street Address (P.O. Box Number is Not Acceptable)
5695 Beggs Road, Suite B-100
 City **Orlando** FL Zip Code **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 Florida.

SIGNATURE

Harkley R Thornton

4-20-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFFORD, JAMES M JR. 111 WEST ROBINSON STREET ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUTTON, DEREK 111 WEST ROBINSON STREET ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLETT, DAN 111 WEST ROBINSON STREET ORLANDO FL 32801	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hofford, James M. Jr. 111 W. Robinson St. Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sutton, Derek 111 W. Robinson St. Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/TD Willett, DAN 111 W. Robinson St. Orlando, FL 32801	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

4/11/00

407-423-3458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)