


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90147 032 ****61.25

DOCUMENT # N98000000170					
1. Entity Name PARKVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 530977 DEBARY, FL 32753-0977			Mailing Address P.O. BOX 530977 DEBARY, FL 32753-0977		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3496647	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANDRY, MARK L 39 PARKVIEW HGTS BLVD DEBARY, FL 32713			Name <u>Nancy Landry</u> Street Address (P.O. Box Number is Not Acceptable) <u>39 PARKVIEW HGTS BLVD</u> <u>DEBARY, FL</u> City <u>DEBARY</u> State <u>FL</u> Zip Code <u>32713</u>		
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 <u>Nancy Landry</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Treasurer</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4-21-05</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD	NAME LANDRY, MARK	<input checked="" type="checkbox"/> Delete	TITLE President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 39 PARKVIEW HGTS BLVD	Christopher Hale 355 Pine Springs Dr DEBARY, FL 32713				
CITY-ST-ZIP DEBARY, FL 32713	DEBARY, FL 32713				
TITLE TD	NAME LANDRY, NANCY	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 39 PARKVIEW HEIGHTS BLVD	Vice-President Anibal Cameron 259 Pine Springs Dr DEBARY, FL 32713				
CITY-ST-ZIP DEBARY, FL 32713	DEBARY, FL 32713				
TITLE VD	NAME COLTON, JAMES	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 346 PINE SPRINGS DRIVE	Secretary Diana Portillo 14 PARKVIEW HGTS BLVD DEBARY, FL 32713				
CITY-ST-ZIP DEBARY, FL 32713	DEBARY, FL 32713				
TITLE SD	NAME ROBBINS, LYNDIA	<input checked="" type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
STREET ADDRESS 279 PINE SPRINGS DRIVE	Alternate Nancy Cameron 259 Pine Springs Dr DEBARY, FL 32713				
CITY-ST-ZIP DEBARY, FL 32713	DEBARY, FL 32713				
TITLE D	NAME CAMERON, ANIBAL	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 259 PINE SPRINGS DRIVE	DEBARY, FL 32713				
CITY-ST-ZIP DEBARY, FL 32713	DEBARY, FL 32713				
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
STREET ADDRESS 	DEBARY, FL 32713				
CITY-ST-ZIP 	DEBARY, FL 32713				
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: <u>Nancy Landry</u>		<u>NANCY LANDRY</u>		<u>4-21-05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>		<small>Daytime Phone #</small>	