

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2007 8:00 am
Secretary of State

06-04-2007 90009 001 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country



05032007 Chg-NP CR2E037 (12/06)

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
**LANDRY, NANCY
 39 PARKVIEW HGTS BLVD
 DEBARY, FL 32713**

7. Name and Address of New Registered Agent
 Name **JAMES COLTON**
 Street Address (P.O. Box Number is Not Acceptable)
346 Pine Springs Dr
 City **Debaray** FL Zip Code **32713**

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  **VP**

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

Filing Fee is \$61.25 Due by September 14, 2007

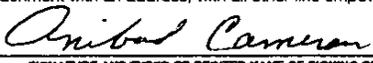
9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCCARTHY, NATHAN 32 PARKVIEW HEIGHTS BLVD DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LANDRY, NANCY 39 PARKVIEW HEIGHTS BLVD DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMERON, ANIBAL 259 PINESPRINGS DRIVE DEBARY, FL 32713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PORTILLO, DIANA 14 PARKVIEW HGTS BLVD DEBARY, FL 32713 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMERON, ANIBAL 259 PINE SPRINGS DRIVE DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A ROLANDER, MELLISSA 264 PINE SPRINGS DRIVE DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP James Colton 346 Pine Springs Drive Debaray FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Treasurer D Christine 355 Pine Springs Drive Debaray FL 32713
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 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:  **Anibal Cameron** **5-6-07** **386-216-3045**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #