

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90094 041 ****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 #
860 North S.R. 434

3. Mailing Address
860 North S.R. 434

Suite, Apt. #, etc.
Suite 1009

Suite, Apt. #, etc.
Suite 1009

City & State
Altamonte Springs, FL

City & State
Altamonte Springs, FL

Zip
32714

Country
USA

Zip
32714

Country
USA

03192008 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

COLTON, JAMES
346 PINE SPRINGS DR
DEBARY, FL 32713

7. Name and Address of New Registered Agent

Name
Campbell, Marilyn

Street Address (P.O. Box Number is Not Acceptable)
860 North S.R. 434

Suite, Apt. #, etc.
Suite 1009

City
Altamonte Springs

State
FL

Zip Code
32714

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 *Marilyn Campbell* **3/25/08**

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 **May 1, 2008**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COLTON, JAMES 346 PINE SPRINGS DR DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD HALE, CHRIS 355 PINE SPRINGS DR DEBARY, FL 32713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PORTILLO, DIANA 14 PARKVIEW HGTS BLVD DEBARY, FL 32713 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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: *[Signature]* **4/18/08** **386 755 0610**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #