

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720756

Entity Name: PARKVIEW VILLAS ASSOCIATION, INC.**Current Principal Place of Business:**2400 LAKE OSBORNE DR.
LAKE WORTH, FL 33461**Current Mailing Address:**C/O CMC MANAGEMENT, INC.
2950 JOG ROAD
GREENACRES, FL 33467 US**FEI Number:** 59-1512926**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAY STEVEN LEVINE, P.A.
3300 PGA BLVD.
#530
PALM BEACH GARDENS, FL 33410 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MILLER, CHARLES
Address	2440 LAKE OSBORNE DRIVE APT. 114B
City-State-Zip:	LAKE WORTH FL 33461

Title	VP
Name	CASTANO, FRANCISCO
Address	2400 LAKE OSBORNE DRIVE APT. 208C
City-State-Zip:	LAKE WORTH FL 33461

Title	TREASURER
Name	GERRISH, SCOT
Address	2480 LAKE OSBORNE DRIVE APT. 206A
City-State-Zip:	LAKE WORTH FL 33461

Title	SECRETARY
Name	ERBE, CATHERINE
Address	2440 LAKE OSBORNE DRIVE APT. 215B
City-State-Zip:	LAKE WORTH FL 33461

Title	DIRECTOR
Name	CARPINELLI, THERESA
Address	2440 LAKE OSBORNE DRIVE APT. 105B
City-State-Zip:	LAKE WORTH FL 33461

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: SCOT GERRISH

TREASURER

04/13/2016

Electronic Signature of Signing Officer/Director Detail_____
Date