

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745260

Entity Name: PARK VIEW III CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 06, 2017
Secretary of State
CC3898109882

Current Principal Place of Business:

C/O AMERICAN CONDO MANAGEMENT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904

Current Mailing Address:

C/O AMERICAN CONDO MANAGEMENT
P.O. BOX 100399
CAPE CORAL, FL 33910 US

FEI Number: 59-1929052

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASE, SUSAN
C/O AMERICAN CONDO MANAGEMENT
4223 DEL PRADO BLVD S
CAPE CORAL, FL 33904 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: SUSAN KASE

04/06/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP/T
Name EILERS, MARIE
Address C/O AMERICAN CONDO MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR
Name SPAULDING, JAMES
Address C/O AMERICAN CONDO MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title PRESIDENT
Name HUDSON, DONNA
Address C/O AMERICAN CONDO MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title SECRETARY
Name SKOCIK, TERRI
Address C/O AMERICAN CONDO MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title TREASURER
Name COOPER, KATHLEEN
Address C/O AMERICAN CONDO MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

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: DONNA HUDSON

PRESIDENT

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date