

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35657

Entity Name: PARK VIEW I CONDOMINIUM ASSOCIATION, INC.

FILED
Jun 09, 2020
Secretary of State
2422149323CC

Current Principal Place of Business:

C/O PROFESSIONAL REALTY
3501 DEL PRADO BLVD S SUITE 100
CAPE CORAL, FL 33904

Current Mailing Address:

C/O PROFESSIONAL REALTY CONSULTANTS
P.O. BOX 100831
CAPE CORAL, FL 33910 US

FEI Number: 59-1906722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PROFESSIONAL REALTY
3501 DEL PRADO BLVD., SUITE 100
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: JOAN FOYE

06/09/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name KUEHN, RAYMOND
Address 3501 DEL PRADO BLVD. #100
City-State-Zip: CAPE CORAL FL 33904

Title SECRETARY
Name VELERIO, VINCENT
Address 3501 DEL PRADO BLVD., #100
City-State-Zip: CAPE CORAL FL 33904

Title TREASURER
Name DELVECCHIO, DOMENIC
Address C/O PROFESSIONAL REALTY
3501 DEL PRADO BLVD S SUITE 100
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name BLAIR, TIMOTHY
Address C/O PROFESSIONAL REALTY
3501 DEL PRADO BLVD S SUITE 100
City-State-Zip: CAPE CORAL FL 33904

Title PRESIDENT
Name NOLAN, BOBBIE
Address C/O PROFESSIONAL REALTY
3501 DEL PRADO BLVD S SUITE 100
City-State-Zip: CAPE CORAL FL 33904

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: BOBBIE NOLAN

PRESIDENT

06/09/2020

Electronic Signature of Signing Officer/Director Detail

Date