

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35657

**Entity Name:** PARK VIEW I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

STS PROPERTY MANAGEMENT  
12553 NEW BRITTANY BLVD. 32-02  
FT MYERS, FL 33907

**Current Mailing Address:**

STS PROPERTY MANAGEMENT  
PO BOX 07176  
FT MYERS, FL 33919 US

**FEI Number: 59-1906722**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CLARK, CARA  
STS PROPERTY MANAGEMENT  
12553 NEW BRITTANY BLVD. 32-02  
FT MYERS, FL 33907 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: CARA CLARK**

**03/30/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name SCHWARZ, MARK  
Address STS PROPERTY MANAGEMENT  
PO BOX 07176  
City-State-Zip: FT MYERS FL 33919

Title SECRETARY  
Name VELERIO, VINCENT  
Address STS PROPERTY MANAGEMENT  
PO BOX 07176  
City-State-Zip: FT MYERS FL 33919

Title TREASURER  
Name PRANGER, WILLIAM  
Address STS PROPERTY MANAGEMENT  
PO BOX 07176  
City-State-Zip: FT MYERS FL 33919

Title DIRECTOR  
Name BLAIR, TIMOTHY  
Address STS PROPERTY MANAGEMENT  
PO BOX 07176  
City-State-Zip: FT MYERS FL 33919

Title PRESIDENT  
Name WILLEY, STEVEN  
Address STS PROPERTY MANAGEMENT  
PO BOX 07176  
City-State-Zip: FT MYERS FL 33919

*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: STEVEN WILLEY**

**PRESIDENT**

**03/30/2023**

Electronic Signature of Signing Officer/Director Detail

Date