

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35657

Entity Name: PARK VIEW I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

AMERICAN CONDOMINIUM MANAGEMENT
4223 DEL PRADO BLVD. S
CAPE CORAL, FL 33904

FILED
Mar 31, 2021
Secretary of State
7147411452CC

Current Mailing Address:

AMERICAN CONDOMINIUM MANAGEMENT
P.O. BOX 100399
CAPE CORAL, FL 33910 US

FEI Number: 59-1906722

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KASE, SUSAN
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: SUSAN KASE

03/31/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name CEGELKA, MARK
Address AMERICAN CONDOMINIUM
MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title SECRETARY
Name VELERIO, VINCENT
Address AMERICAN CONDOMINIUM
MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title TREASURER
Name PRANGER, WILLIAM
Address AMERICAN CONDOMINIUM
MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title DIRECTOR
Name BLAIR, TIMOTHY
Address AMERICAN CONDOMINIUM
MANAGEMENT
P.O. BOX 100399
City-State-Zip: CAPE CORAL FL 33910

Title PRESIDENT
Name WILLEY, STEVEN
Address AMERICAN CONDOMINIUM
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: STEVEN WILLEY

PRESIDENT

03/31/2021

Electronic Signature of Signing Officer/Director Detail

Date