

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35657

**FILED  
Apr 20, 2017  
Secretary of State  
CC5115972430**

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

**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

04/20/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            RICH, JAMES R  
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            SECRETARY  
Name            DECK, ROBERT  
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:** RAYMOND KUEHN

PRESIDENT

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date