

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000170

**Entity Name:** PARKVIEW HEIGHTS HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

334 PINE SPRINGS DRIVE  
DEBARY, FL 32713

**Current Mailing Address:**

860 NORTH S.R. 434  
STE. 1009  
ALTAMONTE SPRINGS, FL 32714

**FEI Number:** 59-3496647

**Certificate of Status Desired:** No

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

CAMPBELL, MARILYN  
860 NORTH S.R. 434  
ALTAMONTE SPRINGS, FL 32714 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           WILLIAMS, IRVING  
Address        860 NORTH S.R. 434  
                  STE. 1009  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           MGR  
Name           EZELL, IDA  
Address        860 NORTH S.R. 434  
                  STE. 1009  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           DIRECTOR  
Name           DOLBEARE, LINDA  
Address        860 NORTH S.R. 434  
                  STE. 1009  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title           DIRECTOR  
Name           HALE, CHRISTOPHER  
Address        860 NORTH S.R. 434  
                  STE. 1009  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*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:** IDA EZELL

**MANAGER**

**03/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date