

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000000170

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

**Current Principal Place of Business:**

283 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 P  
Name PARADYSE, LAURIE  
Address 860 NORTH S.R. 434  
STE. 1009  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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

Title S/T  
Name KELLY, LYNDA  
Address 860 NORTH S.R. 434  
STE. 1009  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title MGR  
Name PALLITTA, SUSAN  
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:** SUSAN PALLITTA

**MANAGER**

**01/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date