

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 26, 2014
Secretary of State
CC8398902129

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

03/26/2014

Electronic Signature of Signing Officer/Director Detail

Date