



## **Idaho Corporation Annual Report Form**

File online at: sos.idaho.gov

Due no later than: 01/31/2020

Annual Report: No filing fee if received by the due date.

Return completed form within 30 days to:
Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise

Boise, ID 83720

			Ph	one: (208) 334-2300	
SOS Control Number: 605467 Non-Profit Corporation (D)		Filing Status: Active-Good Standing			20:
		Date Formed: 01/06/2014	Formation Locale: ID		20
Name and Mailing Address: PARKVIEW RIDGE CONDOMINIUM OWNERS ASSOCIATION, INC. 109 W 19TH AVE # BB POST FALLS, ID 83854-4958			(1) Add or Change Mailing Address:		10:50 A
				enterprise de la constante de	AM
Registered Agent (RA) and Registered Office (RO) Address: GINA LIND			(2) Change RA	A and/or RO Address:	Rec
109 W 19TH A	VE APT B				Ø.
POST FALLS, ID 83854			•		Lved
	Note: The Regi	istered Office address must be a physi	cal Idaho addre	ess (no postal box).	γd
(3) New Regis	tered Agent (RA) Signa		em (2) above the	new agent must sign here to accept the appoin	tme w
(4) Corporations:	Enter names and business ad				Ø
4) Corporations: Enter names and business addresses (with zip code) of the President, \			vice Fresident, C		<u> </u>
Title	Name	Business Address	4- A	City, State, Zip	<u>// 'T</u>
President	GING LIND	109 W 194 Ave	#6	Post Falls, ID 8385	<del></del>
Vice President	1 · A J				167
Secretary	None				7
Treasurer	MONE	range (with air ands). Attach additional	shoot if possesses		
(5) Board of Directors names and business addresses (with zip code). Attach additional sheet if necessary.					<del></del>
Name		Business Address		City, State, Zip	
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(5) Signature:	Jina / ind	<i>9</i>	(6) Date: /-	31-20	n d
(7) Type/Print Nam	e: Gina Lin	ıd	(8) Title: Pre	esident & Vice Preside	0 2×+
Instructions: Leg	gibly complete the form above	. Sign and date this form and return to th	ne address provid	31-20 esident & Vice Preside ded above	)enney