

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728624 (8)

1. Corporation Name
PATHWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 7845 S.W. 57 AVE. MIAMI FL 33143
Mailing Address: 7845 S.W. 57 AVE. MIAMI FL 33143

3. Date Incorporated or Qualified: 01/10/1974
3a. Date of Last Report: 02/22/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1568662	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
		31. Yes	32. No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GIROD, ELLEN 7915 SW 57 AVENUE MIAMI FL 33143	81. Name: F. JOSEPH SCOTT, CPM 82. Street Address (P.O. Box Number is Not Acceptable): THE FOSTER CO. 83. 12384 SW 82 AVE. 84. City: MIAMI, FL FL 85. Zip Code: 33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *F. JOSEPH SCOTT* (NOTE: Registered Agent signature required when reinstating) DATE: 2-15-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: MULLEN, KEVIN	1.1 TITLE: PD	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 5625 S.W. 80TH ST., SUITE B	CITY-ST-ZIP: MIAMI FL	1.2 NAME:	1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:		2.1 TITLE: D	Change: <input type="checkbox"/> Addition: <input checked="" type="checkbox"/>
TITLE: D	NAME: HORN BROOK, CARL	2.2 NAME: BONNIE PEDICORD MIKES	
STREET ADDRESS: 7885 S.W. 57TH AVE. #D	CITY-ST-ZIP: MIAMI FL	2.3 STREET ADDRESS: 5645 SW 80 ST, #C	
2.4 CITY-ST-ZIP:		2.4 CITY-ST-ZIP: MIAMI, FL 33143	
TITLE: TD	NAME: WHITE, ROSEMARY	3.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 5595 SW 80 STREET #B	CITY-ST-ZIP: MIAMI FL	3.2 NAME:	
3.3 STREET ADDRESS:		3.4 CITY-ST-ZIP:	
TITLE: D	NAME: WHEATON, JANET	4.1 TITLE: VPD	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 7945 S.W. 57TH AVE., SUITE A	CITY-ST-ZIP: MIAMI FL	4.2 NAME: LOIS PRENDERGAST	
4.3 STREET ADDRESS: 5540 SW 78 ST, #E		4.4 CITY-ST-ZIP: MIAMI, FL 33143	
TITLE: D	NAME: MADDEN, BETTY	5.1 TITLE: SD	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 5660 SW 78 STREET #C	CITY-ST-ZIP: MIAMI FL	5.2 NAME:	
5.3 STREET ADDRESS:		5.4 CITY-ST-ZIP:	
TITLE: PD	NAME: GIROD, ELLEN	6.1 TITLE: D	Change: <input checked="" type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS: 7915 SW 57TH AVE #D	CITY-ST-ZIP: MIAMI FL	6.2 NAME:	
6.3 STREET ADDRESS:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Rosemary A. White - Jimmy A. White - Treasurer* 2/15/96 305-254-7228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)