

FILE NOW: FILING FEE IS \$61.25

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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 728624 (8)
1. Corporation Name
PATHWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7845 S.W. 57 AVE. MIAMI FL 33143	Mailing Address % THE FOSTER COMPANY 12384 SW 82ND AVENUE MIAMI FL 33156 US
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3. Date Incorporated or Qualified 01/10/1974		
4. FEI Number 59-1568662	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26 <i>12344 SW 82 AVE</i>		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27		
City & State 23	City & State 28		
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**THE FOSTER COMPANY
SCOTT, F. JOSEPH, CPM
12384 SW 82ND AVENUE
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) <i>12344 SW 82 AVE.</i>	
83	
84 City	85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD ASWAD, JOANN	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	5660 SW 78 ST #C		1.2 NAME
STREET ADDRESS	MIAMI FL		1.3 STREET ADDRESS
CITY-ST-ZIP			1.4 CITY-ST-ZIP
TITLE	PD PEDICORD-MIKES, BONNIE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	5595 SW 80TH STREET, #C		2.2 NAME
STREET ADDRESS	MIAMI FL		2.3 STREET ADDRESS
CITY-ST-ZIP			2.4 CITY-ST-ZIP
TITLE	STD WHITE, ROSEMARY	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	5595 SW 80 STREET #B		3.2 NAME
STREET ADDRESS	MIAMI FL		3.3 STREET ADDRESS
CITY-ST-ZIP			3.4 CITY-ST-ZIP
TITLE	D PRENDERGAST, LOIS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	5540 SW 78TH STREET, #B		4.2 NAME
STREET ADDRESS	MIAMI FL		4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE	D KIMBALL, PAMELA	<input type="checkbox"/> DELETE	5.1 TITLE
NAME	5585 SW 80 ST #D		5.2 NAME
STREET ADDRESS	MIAMI FL		5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE	D GIROD, ELLEN	<input type="checkbox"/> DELETE	6.1 TITLE
NAME	7915 SW 57TH AVE #D		6.2 NAME
STREET ADDRESS	MIAMI FL		6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>5520 SW 78 ST. #D</i>
<i>33143</i>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<i>33143</i>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<i>T/D</i>
<i>MERCEDES BOKRAS-ROVIRA</i>
<i>5605A SW 78 ST</i>
<i>MIAMI, FL 33143</i>
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<i>D</i>
<i>PEGGY BRODNER</i>
<i>5685 SW 85 ST</i>
<i>MIAMI, FL 33143</i>
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<i>6881 SW 78 TERR.</i>
<i>33143</i>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Sandra S. Mortham* **3-13-98 (305) 364-7228**

CR2E037 (10/97)