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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 728624**

1. Corporation Name  
**PATHWAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 7845 S.W. 57 AVE. MIAMI FL 33143	Mailing Address 12344 SW 82ND AVE 12384 SW 82ND AVENUE MIAMI FL 33156 US
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2. Principal Place of Business 21	2a. Mailing Address 26 <i>c/o The Foster Co.</i>	3. Date Incorporated or Qualified 01/10/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 <i>PO Box 565820</i>	4. FEI Number 59-1568662
City & State 23	City & State 28 <i>MIAMI FL</i>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip 29 <i>33256-5820</i>	Country 30 <i>US</i>	

9. Name and Address of Current Registered Agent

**THE FOSTER COMPANY**  
12394 SW 82ND AVE  
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)
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ASWAD, JOANN	
STREET ADDRESS	5520 SW 78TH STREET, #D	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEDICORD-MIKES, BONNIE	
STREET ADDRESS	5595 SW 80TH STREET, #C	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MERCEDES-BORRAS, ROVIRA	
STREET ADDRESS	5605 A SW 78TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRODUER, PEGGY	
STREET ADDRESS	5685 SW 85TH STREET	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KIMBALL, PAMELA	
STREET ADDRESS	5585 SW 80 ST #D	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GIROD, ELLEN	
STREET ADDRESS	6831 SW 78TH TERR	
CITY-ST-ZIP	MIAMI FL 33143	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TD
3.3 STREET ADDRESS	HORN BROOK, CARL D.
3.4 CITY-ST-ZIP	7885 D SW 57th AVENUE MIAMI, FLORIDA 33143
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: *1/7/99* Daytime Phone #: *305.665.4104*

CR2E037 (11/98)