

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 # 750564 (7)  
1. Corporation Name  
PARKWAY PLACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
4803 SANTA BARBARA COURT 4803 SANTA BARBARA COURT  
CAPE CORAL FL 33914 CAPE CORAL FL 33914

3. Date Incorporated or Qualified 01/11/1980 3a. Date of Last Report 02/13/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0056480	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	29	30	

9. Name and Address of Current Registered Agent

TROXELL, EVERETT  
4803-1 SW SANTA BARBARA CT  
PARKWAY PLACE  
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name Schwar tz, Jerry  
82 Street Address (P.O. Box Number is Not Acceptable) 4803-11 Santa Barbara CT  
83 Parkway Place  
84 City Cape Coral FL 85 Zip Code 33914

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 Jerry Schwartz, President (NOTE: Registered Agent signature required when reinstating) DATE 2-16-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROXELL, EVERETT	1.2 NAME	Jerry Schwartz
STREET ADDRESS	4803 SANTA BARBARA COURT	1.3 STREET ADDRESS	4803-11 Santa Barbara CT
CITY-ST-ZIP	CAPE CORAL FL	1.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHREINER, STEVE	2.2 NAME	
STREET ADDRESS	24 JEPSON LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH RI	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, RAYMOND	3.2 NAME	
STREET ADDRESS	1905 SUNSET AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCEAN NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADICK, WILLIAM	4.2 NAME	
STREET ADDRESS	4803-10 SANTA BARBARA CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENCER, EDWARD	5.2 NAME	900001747108
STREET ADDRESS	4803-6 SANTA BARBARA CT	5.3 STREET ADDRESS	-03/18/96--01067--005
CITY-ST-ZIP	CAPE CORAL FL	5.4 CITY-ST-ZIP	***61.25
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASKEY, BRUCE	6.2 NAME	
STREET ADDRESS	4803-7 SANTA BARBARA CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	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: Jerry Schwartz 1-20-96 542-6786  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)