

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED  
Oct 07 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750564**

(7)

1. Corporation Name

**PARKWAY PLACE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**4803 SANTA BARBARA COURT  
CAPE CORAL FL 33914**

**4803 SANTA BARBARA COURT  
CAPE CORAL FL 33914**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

**01/11/1980**

4. FEI Number

**65-0056480**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00** May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

**SCHWARTZ, JERRY  
4803-11 SANTA BARBARA CT.  
PARKWAY PLACE  
CAPE CORAL, FL 33914**

10. Name and Address of New Registered Agent

81 Name

**WILLIAM GLADDICK**

82 Street Address (P.O. Box Number is Not Acceptable)

**4803-10 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

*William Gladick*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/31/98**

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	<b>SCHWARTZ, JERRY</b>
STREET ADDRESS	<b>4803-11 SANTA BARBARA CT.</b>
CITY-ST-ZIP	<b>CAPE CORAL FL 33914</b>
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	<b>SCHREINER, STEVE</b>
STREET ADDRESS	<b>24 JEPSON LN</b>
CITY-ST-ZIP	<b>PORTSMOUTH RI</b>
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	<b>SIMON, RAYMOND</b>
STREET ADDRESS	<b>1905 SUNSET AVE</b>
CITY-ST-ZIP	<b>OCEAN NJ</b>
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	<b>GLADDICK, WILLIAM</b>
STREET ADDRESS	<b>4803-10 SANTA BARBARA CT</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>PROVENCER, EDWARD</b>
STREET ADDRESS	<b>4803-8 SANTA BARBARA CT</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>CASKEY, BRUCE</b>
STREET ADDRESS	<b>4803-7 SANTA BARBARA CT</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WILLIAM GLADDICK</b>
1.3 STREET ADDRESS	<b>4803-10 SANTA BARBARA CT</b>
1.4 CITY-ST-ZIP	<b>CAPE CORAL, FL. 33914</b>
2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>WILLIAM WARD</b>
2.3 STREET ADDRESS	<b>4803-2 SANTA BARBARA CT</b>
2.4 CITY-ST-ZIP	<b>CAPE CORAL, FL 33914</b>
3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Celia Schwartz</b>
3.3 STREET ADDRESS	<b>4803-11 Santa Barbara Ct</b>
3.4 CITY-ST-ZIP	<b>Cape Coral, FL. 33914</b>
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Don Winter</b>
4.3 STREET ADDRESS	<b>4803-7 Santa Barbara Ct</b>
4.4 CITY-ST-ZIP	<b>Cape Coral, FL. 33914</b>
5.1 TITLE	<input 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)(l), 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:

*William Gladick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**7/31/98**

Daytime Phone #

CR2E037 (5/98)