2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750564

FILED Feb 22, 2004 Secretary of State

Entity Name: PARKWAY PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 4803 SANTA BARBARA COURT CAPE CORAL, FL 33914 **Current Mailing Address: New Mailing Address:** 4803 SANTA BARBARA COURT CAPE CORAL, FL 33914 FEI Number: 65-0056480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHWARTZ, JEROME 4803-11 SW SANTA BARBARA CT CAPE CORAL, FL 33914 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete GOLDRICK, GERALD SCHWARTZ, JEROME Name: Name: 4803-1 SW SANTA BARBARA CT Address: 4803-11 SW SANTA BARBARA CT Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: CAPE CORAL, FL 33914 Title: Title: () Delete () Change () Addition Name: GLADICK, WILLIAM Name: Address: 4803-10 SW SANTA BARBARA CT Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: () Delete Title: () Change () Addition SCHWARTZ, CECILIA Name: Name: 4803-11 SANTA BARBARA CT Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: () Delete Title: () Change () Addition Name: PROVENCHER, EDWARD Name: 4803-6 SW SANTA BARBARA CT Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: Title: () Delete Title: () Change (X) Addition SIMON, RAYMOND Name: Name: 4803-5 SW SANTA BARBARA CT Address: Address: City-St-Zip: City-St-Zip: CAPE CORAL, FL 33914 Title: () Delete Title: () Change (X) Addition GOLDRICK, GERALD Name: Name: Address: Address: 4803-1 SW SANTA BARBARA CT CAPE CORAL, FL 33914 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEROME SCHWARTZ P 02/22/2004