SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 AM 10:05

DOCUMENT # 750748 (6)

1. Corporation Name
PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
15600 NW 7TH AVE. MIAMI FL 33169-6251	15600 NW 7TH AVE. MIAMI FL 33169-6251

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/24/1980
3a. Date of Last Report: 03/02/1994
4. FEI Number: 59-1447824 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21)	2a. Mailing Address (26)
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

MURPHY, SYLVIA
15600 NW 7TH AVE 314
MIAMI FL 33169

10. Name and Address of New Registered Agent

81 Name: HELEN BLACK
82 Street Address (P.O. Box Number is Not Acceptable): 15600 NW 7th AVE. # 519
83
84 City: North Miami FL 85 Zip Code: 33169

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: Helen Black — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☒ Change ☐ Addition
NAME	KNIGHT, CURTISS	12 NAME	VIOLA WATSON
STREET ADDRESS	15600 NW 7TH AVE 203	13 STREET ADDRESS	15600 N.W. 7th AVE #703
CITY-ST-ZIP	MIAMI FL 33169	14 CITY-ST-ZIP	Miami, FL. 33169
TITLE	VP	21 TITLE	D ☐ Change ☒ Addition
NAME	ANDERSON, SETH	22 NAME	
STREET ADDRESS	15600 NW 7TH AVE 516	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33169	24 CITY-ST-ZIP	
TITLE	FS	31 TITLE	FSD ☒ Change ☐ Addition
NAME	SANDLER, ESTHER	32 NAME	ALBERTA MURRAY
STREET ADDRESS	15600 NW 7TH AVE. 520	33 STREET ADDRESS	15600 N.W. 7th AVE #311
CITY-ST-ZIP	MIAMI FL 33169	34 CITY-ST-ZIP	Miami FL, 33169
TITLE	TRA	41 TITLE	TRA ☒ Change ☐ Addition
NAME	MURPHY, SYLVIA	42 NAME	BARBARA TAYLOR
STREET ADDRESS	15600 NW 7TH AVE 314	43 STREET ADDRESS	15600 N.W. 7th AVE #414
CITY-ST-ZIP	MIAMI FL 33169	44 CITY-ST-ZIP	Miami, FL. 33169
TITLE	RS	51 TITLE	RS ☒ Change ☐ Addition
NAME	SANTINI, MARGARITE	52 NAME	HELEN BLACK
STREET ADDRESS	15600 NW 7AVE 320	53 STREET ADDRESS	15600 N.W. 7th AVE. # 519
CITY-ST-ZIP	MIAMI FL 33169	54 CITY-ST-ZIP	N. MIA FL. 33169
TITLE	CS	61 TITLE	CS ☒ Change ☐ Addition
NAME	BELCHER, MARY	62 NAME	DOROTHY MUGRIDGE
STREET ADDRESS	15600 NW 7TH AVE. #618	63 STREET ADDRESS	15600 N.W. 7th Ave. # 211
CITY-ST-ZIP	MIAMI FL 33169	64 CITY-ST-ZIP	N. MIA. FL. 33169

CR2E037 (3/95)

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)(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: Seth Anderson - SETH ANDERSON - VICE PRES. 06-13-1995 (305) 6886456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009072