

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

FILED
Apr 15 1996 8:00 am
Secretary of State

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**

3. Date Incorporated or Qualified **01/24/1980** 3a. Date of Last Report **06/21/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
		26			59-1447824	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country		Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLACK, HELEN
15600 NW 7TH AVE
STE 519
N MIAMI FL 33169

81 Name **ANTHONY KALLICHE**
82 Street Address (P.O. Box Number is Not Acceptable) **5201 Blue Lagoon Dr. Suite 100**
83
84 City **MIAMI** FL 85 Zip Code **33126**

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 *[Signature]* **Becher + Polickoff** **4/9/96**
Signature, word or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, VIOLA	1.2 NAME	BETH E BACON
STREET ADDRESS	15600 NW 7TH AVE STE 703	1.3 STREET ADDRESS	15600 NW 7TH AVE #215
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	MIAMI, FL 33169
TITLE	VPD	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, SETH	2.2 NAME	KEITH PALMER
STREET ADDRESS	15600 NW 7TH AVE 516	2.3 STREET ADDRESS	15600 NW 7TH AVE #603
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	MIAMI, FL 33169
TITLE	FSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, ALBERTA	3.2 NAME	
STREET ADDRESS	15600 NW 7TH AVE STE 311	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	TRA	4.1 TITLE	TRA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, BARBARA	4.2 NAME	PAULETTE L. GABRIEL
STREET ADDRESS	15600 NW 7TH AVE STE 414	4.3 STREET ADDRESS	15600 NW 7TH AVE #215
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	MIAMI, FL 33169
TITLE	RS	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, HELEN	5.2 NAME	RONALD SCHIFFERL
STREET ADDRESS	15600 NW 7TH AVE STE 519	5.3 STREET ADDRESS	15600 N.W. 7TH AVE
CITY - ST - ZIP	MIAMI FL	5.4 CITY - ST - ZIP	MIAMI, FL 33169
TITLE	CS	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUGRIGE, DOROTHY	6.2 NAME	SCOTT AND ASHBY
STREET ADDRESS	15600 NW 7TH AVE STE 211	6.3 STREET ADDRESS	15600 N.W. 7TH AVE
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	MIAMI, FL 33169

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: *[Signature]* **April 6, 1996** **995-1805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)