


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90066 025 ****61.25

0015164

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # 750748

1. Corporation Name
PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 15600 NW 7TH AVE. MIAMI FL 33169-6251	Mailing Address 275 FONTAINE BCH BLVD 200 MIAMI FL 33172 US
-------------------------------------------------------------------------	-------------------------------------------------------------------------



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/24/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1447824
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FEIN, STEVEN A ATTY. 930 S STATE ROAD 7 PLANTATION FL 33317	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
--------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	BACON, BETTYE <input checked="" type="checkbox"/> DELETE	1.1 TITLE P.D. Todd, Nancy	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15600 NW 7TH AVENUE #215	1.2 NAME	15600 NW 7 Ave # 400
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	Miami, FL. 33169
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	PAIGE, RESPASS <input checked="" type="checkbox"/> DELETE	2.1 TITLE RICHARDSON, PATRICIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15600 NW 7TH AVE #509	2.2 NAME	15600 N.W. 7 AVE
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	MIAMI, FL. 33169
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE FSD	MURRAY, ALBERTA <input checked="" type="checkbox"/> DELETE	3.1 TITLE T D HENRY-JAMES, HEATHER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15600 NW 7TH AVE STE 311	3.2 NAME	15600 N.W. 7 AVE
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	MIAMI, FL. 33169
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE TRA	GABRIEL, PAULETTE L. <input checked="" type="checkbox"/> DELETE	4.1 TITLE S D DAWSON, SUSAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15600 NW 7TH AVENUE #215	4.2 NAME	15600 N.W. 7 AVE
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	MIAMI, FL. 33169
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	BERRY, LOUISE <input checked="" type="checkbox"/> DELETE	5.1 TITLE VP-D BARNES, JANET	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	15600 NW 7TH AVE #508	5.2 NAME	15600 N.W. 7 AVE
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	MIAMI, FL. 33169
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE D	SCOTLAND, ASHLEY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15600 NW 7TH AVE #303	6.2 NAME	
STREET ADDRESS	MIAMI FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: *X* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Nancy Todd, President 1-22-99* 305 688-6440
 Date _____ Daytime Phone # _____

CR 01/97 (1/15)