

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90042 032 ****61.25

DOCUMENT # 750748

1. Entity Name
PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
MBJ MANAGEMENT SERVICES, INC
19501 NE 10TH AVE, STE 300
NORTH MIAMI BEACH, FL 33179

Mailing Address
MBJ MANAGEMENT SERVICES, INC
19501 NE 10TH AVE, STE 300
NORTH MIAMI BEACH, FL 33179 US

50030819



03162005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1447824

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MBJ MANAGEMENT SERVICES, INC
19501 NE 10TH AVE
STE 300
NORTH MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

Name **T&G MANAGEMENT SERVICES, INC.**
Street Address (P.O. Box Number is Not Acceptable)
12928 SW 110th COURT
City **Miami** FL Zip Code **33186**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Anthony P. Lester
ANTHONY P. LESTER

3-19-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TINGLING, STEPHEN 275 FONTAINEBLEAU BLVD. MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, BARBARA 275 FONTAINEBLEAU BLVD MIAMI, FL 33172 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REESE, BETTYS 19501 NE 10TH AVE MIAMI, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURRAY, ALBERTA 275 FONTAINEBLEAU BLVD #200 MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAIGE, RESPASS 275 FONTAINEBLEAU BLVD #200 MIAMI, FL 33172 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHAEL TANNHAUSER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TREASURER 7512 MUTINY AVE N. BAY VILLAGE 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JACKSON, BARBARA 15600 N.W. 7TH AVE # 520 Miami, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition REESE, BETTYS 15600 N.W. 7TH AVE # 209 Miami, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KNOWLES, PETER 15600 N.W. 7TH AVE # 810 Miami, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STACEY ANN BRYANT 15600 N.W. 7TH AVE # 521 Miami, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Tannhauser
MICHAEL TANNHAUSER **Treasurer** **3-19-05** **305-255-0900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #