



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90467 034 \*\*\*\*61.25

<b>DOCUMENT # 750748</b> 1. Entity Name PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business MJB-MANAGEMENT-SERVICES-INC 19501-NE-10TH AVE, STE 300 NORTH MIAMI-BEACH, FL 33179			Mailing Address MJB-MANAGEMENT-SERVICES-INC 19501-NE-10TH AVE, STE 300 NORTH MIAMI-BEACH, FL 33179 US.		
2. Principal Place of Business 13200 SW 128 ST. Suite, Apt. #, etc. Suite B2 City & State Miami, FL Zip 33186 Country USA		3. Mailing Address 13200 SW 128 ST. Suite, Apt. #, etc. Suite B2 City & State Miami FL Zip 33186 Country USA		66017614  	
4. FEI Number 59-1447824				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				05242006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent  T&G MGMT SERVICES INC 12920 SW 110TH CT MIAMI, FL 33186			7. Name and Address of New Registered Agent Name <u>Allied Property Group Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>13200 SW 128 ST.</u> <u>Suite B2</u> City <u>Miami</u> <u>FL</u> Zip Code <u>33186</u>		
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 <u>[Signature]</u> DATE <u>5/24/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANNHAUSSER, MICHAEL 7512 MUTINY AVE MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, BARBARA 15600 NW 7TH AVE #520 MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S.</u> REESE, BETTYS 19501-NE-10TH AVE MIAMI, FL 33179	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> 15600 NW 7TH AVE #208 Miami, FL 33169 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P.</u> KNOWLES, PETER 15600 NW 7TH AVE #810 MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S.</u> BRYANT, STACEY A 15600 NW 7TH AVE #521 MIAMI, FL 33169	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		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 exemptions contained in Chapter 119, 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: <u>[Signature]</u> <u>5-25-06</u> <u>305-688-6440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					