2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Dec 18, 2009 **DOCUMENT#750748** Secretary of State

Entity Name: PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

15600 NW 7 AVE **OFFICE** MIAMI, FL 33169

New Mailing Address: Current Mailing Address:

15600 NW 7 AVE PARKWAY TOWERS CONDOMINIUM ASSOCIATION

OFFICE P.O. BOX 2995 MIAMI, FL 33169 MIAMI, FL 33269

FEI Number: 59-1447824 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SILBERMAN, GARY PA RUBIN, NEIL 690 LINCOLN ROAD 2665 SOUTH BAYSHORE DRIVE SUITE 204 STE #725

COCONUT GROVE, FL 33133 US MIAMI BEACH, FL 33139 US

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.

SIGNATURE: NEIL RUBIN 12/18/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

DIRE () Delete () Change () Addition

FACEY, ENID DIRECTO Name: Name: 15600 NW 7TH AVE, #607 Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip:

Title: Title: () Delete () Change () Addition

SAPPLETON, ANTOINETTE TREASUR Name: Name: Address: 15600 NW 7TH AVE # 815 Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip:

Title: () Delete Title: () Change () Addition

STEPHEN, FRANCIS Name: Name: 15600 NW 7TH AVE #312 Address: Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip:

Title: () Delete Title: SECR () Change (X) Addition Name: Name: MURRAY, VALERIE SECRETA 15600 NW 7TH AVE #817 Address: Address:

City-St-Zip: City-St-Zip: MIAMI, FL 33169

Title: () Delete Title: () Change (X) Addition

NUNEZ, MEGIE DIR Name: Name: 15600 NW 7TH AVE #706 Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTOINETTE SAPPLETON **TREA** 12/18/2009