FILED 2003 NOT-FOR-PROFIT CORPORATION Mar 05, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR DOCUMENT # 750748** 1. Entity Name 03-05-2003 90090 020 ****61 25 PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 70025031 15600 NW 7TH AVE. 275 FONTAINE BCH BLVD MIAMI FL 33169-6251 MIAMI FL 33172 IIS 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-1447824 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FEIN, STEVEN A ATTY. Street Address (P.O. Box Number is Not Acceptable) 930 S STATE ROAD 7 PLANTATION FL 33317 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE -----يعيبن ي پيونون باستوند ايد 9. Election Campaign Financing \$5.00 May Be Make Check Payable to 1 FILE NOW: FEE IS \$61.25

Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME PAIGE, RONALD NAME STREET ADDRESS 275 FONTAINEBLEAU BLVD. #200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33172 CITY-ST-ZIP TITLE ☐ Delete ;TITLE Change ☐ Addition SCOTLAND, ASHLEY NAME NAME STREET ADDRESS 275 FONTAINEBLEAU BLVD #200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33169 CITY-ST-ZIP TITLE ☐ Delete TITLE TREASURER NAME MINISTER TERRELONGE, LYNNETTE 275 FOUNTAINBLEAU BLYD # 200 DAINDRIDGE, JEROME NAME STREET ADDRESS 275 FONTAINEBLEAU BLVD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI MIAM! FL 33169 S EXILE TARY **VPD** TITLE TITLE Delete ☐ Addition NAME BLACKMON, TIAWANDA - - - -MURRAY, ALBERTA. NAME STREET ADDRESS 275 FONTAINEBLEAU BLVD #200 STREET ADDRESS 275 FOUNTAINRLEAU BLUD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169 MIAMI, FL TITLE SD Delete TITLE Change ☐ Addition DIRECTER NAME WINGATE, SUSAN NAME windate, susan STREET ADDRESS 275 FONTAINEBLEAU BLVD # 200 STREET ADDRESS FONTAIN BLEAD BLUD. #200 CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33169** <u>33169</u> TITLE ☐ Delete TITLE PAIGE RESPASS ☐ Addition PAYNE, WYATT NAME NAME STREET ADDRESS 275 FONTAINEBLEAU BLVD #200 STREET ADDRESS 275 FONTAINBL CITY-ST-ZIP CITY-ST-ZIP

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 pritrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if e empowered to dress, with all of execute this report as required by control of the c YRESIDENT

SIGNATURE:

MIAMI FL 33172

3-1-03 305-333-1313