

# AMENDED

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 16 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                                                    |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 750748</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              |                                   |         |
| 1. Entity Name<br><b>PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                    |         |
| Principal Place of Business<br>15600 NW 7TH AVE.<br>MIAMI, FL 33169-6251                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                              | Mailing Address<br>275 FONTAINE BCH BLVD<br>200<br>MIAMI, FL 33172 US                                              |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              | 3. Mailing Address                                                                                                 |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              | Suite, Apt. #, etc.                                                                                                |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                              | City & State                                                                                                       |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                      | Zip                                                                                                                | Country |
| 4. FEI Number<br><b>59-1447824</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | Applied For<br>Not Applicable                                                                                      |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                              | \$8.75 Additional<br>Fee Required                                                                                  |         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              |                                                                                                                    |         |
| FEIN, STEVEN A ATTY.<br>930 S STATE ROAD 7<br>PLANTATION, FL 33317                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              |                                                                                                                    |         |
| 7. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                    |         |
| Name <b>Steven A. Fein</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                                                                                    |         |
| Street Address (P.O. Box Number is Not Acceptable)<br><b>900 South State Road 7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                              |                                                                                                                    |         |
| City <b>Plantation</b> FL Zip <b>33317</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                                                                                    |         |
| 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 <b>Steven A. Fein</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                              | DATE <b>4/30/03</b>                                                                                                |         |
| Signature, typed or printed name of registered agent and (if applicable, (NOTE: Registered Agent's signature required when withdrawing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | DATE                                                                                                               |         |
| FILE NOW FEE IS \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                              | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |         |
| Make Check Payable to<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                    |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD                           | <input checked="" type="checkbox"/> Delete                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PAIGE, RONALD                |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 FONTAINEBLEAU BLVD. #200 |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33172              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                            | <input type="checkbox"/> Delete                                                                                    |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | SCOTLAND, ASHLEY             |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 FONTAINEBLEAU BLVD #200  |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33169              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TD                           | <input checked="" type="checkbox"/> Delete                                                                         |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TERRELONGE, LYNNETTE         |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 FONTAINEBLEAU BLVD #200  |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33169              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | S                            | <input type="checkbox"/> Delete                                                                                    |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MURRAY, ALBERTA              |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 FONTAINEBLEAU BLVD #200  |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33169              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                            | <input type="checkbox"/> Delete                                                                                    |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WINGATE, SUSAN               |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 FONTAINEBLEAU BLVD #200  |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33169              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                            | <input type="checkbox"/> Delete                                                                                    |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PAIGE, RESPASS               |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 FONTAINEBLEAU BLVD #200  |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33172              |                                                                                                                    |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PPD                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                       |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Stephen Tingling             |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 Fontainebleau Blvd.      |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Miami, FL 33172              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | T/D                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                       |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Jerome Dandridge             |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 Fontainebleau Blvd.      |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Miami, FL 33172              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VP/D                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition                                       |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Maria Ahnert                 |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 275 Fontainebleau Blvd.      |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Miami, FL 33172              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                    |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                              |                                                                                                                    |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                  |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                              |                                                                                                                    |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                              |                                                                                                                    |         |
| 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 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: <b>Stephen A. Fein</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                              | DATE <b>4/24/03</b>                                                                                                |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                              | Date                                                                                                               |         |

CR2003 (10/02)