NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

751478

(9)

Parkway Grovi	E CONDOMINIUM	ASSOCIATION.	INC.

Dringing Dia	an of Durings	8.4-1/ A							
rnicipai Piac	ce of Business	Mailing Address							
16200 N.W. 2ND AVENUE 16220 NW 2ND AVE.									
MIAMI FL 3	13169	SUITE 109 Miami Fl 33169							
		US				 Date Incorporated or Qualified 03/10/1980 	3a. Date of I 02/2	Last Report 27/1995	
2. Principal I	Place of Business	2a. Mailing Address	·			4. FEI Number	<u> </u>	Applied For	
21		26	26			59-2290260		Not Applicable	
Suite, Apt. #, etc. 22).		Suite, Apt. #, etc.	 			5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State		<u> </u>	City & State			6. Election Campaign Financing \$5.00 May Be			
23 Zip	Country	28 Zuo	Count			Trust Fund Contribution	A	dded to Fees	
24	25 Country	Zip 29	Count 30	ry		8. This corporation has liability for in Florida Statutes	tangible tax uridi ∐Yes ☐ No	er s. 199.032,	
<u></u> 1	9. Name and Address of Curre		130			10. Name and Address of New Re		í	
				1 1	lame				
SERLI	GERALD		ļ.,	۰.					
	NW 2ND AVE.		8	2 5	Street Addres	ddress (P.O. Box Number is Not Acceptable)			
SUITE			8	3					
	FL 33169		-	_				P	
14115 (141)	1 1 00 100		٤	4 <	Xity		FL 85	Zıp Code	
11. Pursuan	t to the provisions of Sections 617,050	2 and 617.1508, Florida Statut	es, the above	nan	ned corporati	on submits this statement for the purp	ose of changing	its registered office	
or regist	ered agent, or both, in the State of Flow with, and accept the obligations of, Sec	rida. Such change was authoriz	ed by the co	rpora	tion's board	of directors. I hereby accept the appoi	ntment as regist	ered agent. I am	
SIGNATURE	Signature, typed or printed name of registered age	out excititurul evokoakko (NC	VIII Barislared A	nonl ein	nature required w	han remotatival	DATE		
12.		ND DIRECTORS	13.	gorit ung	y and o required in	ADDITIONS/CHANGES TO OFFIC	<u> </u>	CTORS IN 12	
TITLE	PD	DELETE	1.1 TITL	E			[Char		
NAME	SEPI. GERALD		1.2 NAM	ΙE			_	_	
STREET ADDRESS		106	1.3 STRI	ET ADI	DRESS				
CHTY-ST-ZIP	MIAMI FL		1.4 CITY						
TITLE	VD	DELETE	2.1 TITL		17)	☐ Chai	nge Addition	
NAME	GRAF, PETER	/4	2 2 NAM	E				,	
STREET ADDRESS	16200 NW 2ND AVE., STE.	313	2 3 STAI	ET ADI	DRESS 16	irry Hirtzind Ave s	ke 511		
CiTY+ST-ZIP	MIAMI FL		2. 4 C(T)	/-ST-7	ZIP S	Nami FL 331	69		
TITLE	D	DELETE	3.1 TITL		, Pier	P D	Cna	nge Addition	
NAME	SOLOMON, VALERIE	•	3.2 NAM	E	Bu	rt Alonson	1	•	
STREET ADDRESS			3 3 STRI	ET ADI	DRESS 16	220 NW 2nd the 5			
CITY-ST-ZIP	WESTON FL		3 4. CITY	-ST-7	ZIP	MIAMI FL. 33	169		
TITLE	D	DELETE	4.1 TiTL	E			☐ Char	nge 🔲 Addition	
NAME	ALONSO, RUEBEN		4. 2 NAM	AE.					
STREET ADDRESS			4.3 STRI	ET ADI	DRESS				
CITY-ST-ZIP	HIALEAH FL		4.4 DITY	- ST - Z	IP '				
THLE	SD	DELETE	5.1 TITL	F			Chai	nge 🔲 Addition	
NAME	SPEAR, LISA	•	5.2 NAM	Ė					
STREET ADDRESS		109	5 3 STRI	Er Adi	DRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY	- S1 - Z					
TITLE	1	[]DELETE	6.1 TITL	Ē	٣,	S, D	Char	nge 🔲 Addition	
NAME	DAVIS, DAN		6.2 NAM	E			·		
STREET ADDRESS	1 11000 1111 0110 11101, 010	514	6 3 STAI	ET ADI	DRESS				
CITY-ST-ZIP	MIAMI FL		6.4 CITY			NAMES AND ASSOCIATION OF THE PROPERTY OF THE P			
I 14 Idohera	eby certify that the information supplied	with this filion is valuatorily furn	riched and de	oc n	ot qualify for	the exemption stated in Section 110 0	7/2\/II.\ Elocido C	tatutos Lituribos	

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. Danny E. Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TRUE STUDY

SIGNATURE: __