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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 751478 (9)
1. Corporation Name
PARKWAY GROVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 16200 N.W. 2ND AVENUE MIAMI FL 33169
Mailing Address: 16220 NW 2ND AVE. SUITE 109 MIAMI FL 33169-6515 US

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 275 Fontainebleau Blvd.
27 Suite, Apt. #, etc.
28 MIAMI FLORIDA
29 33172 30 US

3. Date Incorporated or Qualified: 03/10/1980
3a. Date of Last Report: 02/09/1996
4. FEI Number: 59-2290260
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SEPI, GERALD
16220 NW 2ND AVE.
SUITE 106
MIAMI FL 33169

10. Name and Address of New Registered Agent
81 Name: J M Condo. Management
82 Street Address (P.O. Box Number is Not Acceptable): 275 Fontainebleau Blvd.
83 Suite 200
84 City: MIAMI FL
85 Zip Code: 33172

11. Pursuant to the provisions of Sections 617.0502 and 617.1500 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* DATE: 4-1-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEPI, GERALD	
STREET ADDRESS	16220 NW 2ND AVE., STE. 106	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HIRT, LARRY	
STREET ADDRESS	16200 NW 2ND AVENUE SUITE 511	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALONSO, BURT	
STREET ADDRESS	16220 NW 2ND AVENUE SUITE 410	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALONSO, RUEBEN	
STREET ADDRESS	6416 W. 11TH ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TSD	<input type="checkbox"/> DELETE
NAME	DAVIS, DAN	
STREET ADDRESS	16220 NW 2ND AVE., STE. 514	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LARRY HIRT	
1.3 STREET ADDRESS	16220 N.W. 2 AVE. # 511	
1.4 CITY-ST-ZIP	MIAMI, FL. 33169	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	T/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETER GRAB	
3.3 STREET ADDRESS	16220 N.W. 2 AVE. # 313	
3.4 CITY-ST-ZIP	MIAMI, FL. 33169	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DEBORAH WHILDEN	
5.3 STREET ADDRESS	16220 N.W. 2 AVE. # 210	
5.4 CITY-ST-ZIP	MIAMI, FL 33169	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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.

SIGNATURE: *[Signature]* DATE: 15 JAN 97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)