

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90140 027 ****61.25

DOCUMENT # 751478 1. Entity Name PARKWAY GROVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16200 NW 2 AVENUE MIAMI, FL 33169			Mailing Address PO BOX 69-4112 MIAMI, FL 33269		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KATZMAN & KORR, P.A. 1501 NW 49TH STREET, SUITE 202 FORT LAUDERDALE, FL 33309				Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CHOUDENS, JC		NAME	DEBBIE WHILDEN # 210	
STREET ADDRESS	16220 NW 2 AVE #315		STREET ADDRESS	16220 NW 2ND AVE #310	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	N. MIAMI FL 33169	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VERONICA SMITH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MEADOWS, PHILIP		NAME	VICE PRESIDENT	
STREET ADDRESS	16220 NW 2 AVE #213		STREET ADDRESS	14404 NW 15TH DRIVE	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	MIAMI, FL 33167	
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOYEUX, MICHELLE		NAME		
STREET ADDRESS	16220 NW 2 AVE #314		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PIERRE, BENJAMIN		NAME	DEBRA DAVENPORT	
STREET ADDRESS	16220 NW 2ND AVE #315		STREET ADDRESS	16220 NW 2ND AVE #310	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	NORTH MIAMI FL 33169	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ALFARO, GERARDO		NAME	OSWALDO PASCAL	
STREET ADDRESS	16220 NW 2ND AVE #212		STREET ADDRESS	16200 NW 2ND AVE #101	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	N MIAMI FLORIDA 33169	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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 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: <u>MICHELLE JOYEUX, SECRETARY 04/26/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50046941



03092005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2290260

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

FL

Zip Code

305-949-4336