

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751478

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: PARKWAY GROVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

16200 NW 2 AVENUE  
MIAMI, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

C/O PHOENIX MANAGEMENT SERVICE  
4800 N. STATE RD 7 STE 105  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

FEI Number: 59-2290260      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHOENIX MANAGEMENT SERVICES INC.  
4800 N ST RD 7  
#105  
LAUDERDALE LAKES, FL 33319 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: EDMONSON, JOZEEN  
Address: 16220 NW 2ND AVE #212  
City-St-Zip: MIAMI, FL 33169

Title: VPD ( ) Delete  
Name: ANDRION, NILA  
Address: 16220 NW 2ND AVE #415  
City-St-Zip: MIAMI, FL 33169

Title: D ( ) Delete  
Name: CAUSE, DEBRA  
Address: 16220 NW 2ND AVE #310  
City-St-Zip: MIAMI, FL 33169

Title: TD ( ) Delete  
Name: JEAN, FRANTZ  
Address: 511 NW 109 ST  
City-St-Zip: MIAMI, FL 33168

Title: D ( ) Delete  
Name: PASCAZ, OSVALOD  
Address: 16220 NW 2ND AVE #101  
City-St-Zip: MIAMI, FL 33169

Title: SD ( ) Delete  
Name: SEVILLA, HECTOR  
Address: 16200 NW 2ND AVE #108  
City-St-Zip: MIAMI, FL 33169

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOZEEN EDMONSON

PD

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date