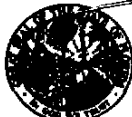


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750748** (6)
1. Corporation Name
PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
15800 NW 7TH AVE. **15800 NW 7TH AVE.**
MIAMI FL 33169-6251 **MIAMI FL 33169-6251**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 **275 Fontainebleau Blvd.**
22 City & State 27 **200**
23 Zip Country 28 **Miami Florida**
24 25 29 **33172** 30 **US**

3. Date Incorporated or Qualified
01/24/1980
4. FEI Number **59-1447824** 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**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FERN, STEVEN A ATTY.
930 S STATE ROAD 7
PLANTATION FL 33317

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
1.1 TITLE ☐ DELETE
1.2 NAME **P BACON, BETTYE**
1.3 STREET ADDRESS **15800 NW 7TH AVENUE #215**
1.4 CITY-ST-ZIP **MIAMI FL**
2.1 TITLE ☐ DELETE
2.2 NAME **VPD PAIGE, RESPASS**
2.3 STREET ADDRESS **15800 NW 7TH AVE #509**
2.4 CITY-ST-ZIP **MIAMI FL**
3.1 TITLE ☐ DELETE
3.2 NAME **FSD MURRAY, ALBERTA**
3.3 STREET ADDRESS **15800 NW 7TH AVE STE 311**
3.4 CITY-ST-ZIP **MIAMI FL**
4.1 TITLE ☐ DELETE
4.2 NAME **TRA GABRIEL, PAULETTE L.**
4.3 STREET ADDRESS **15800 NW 7TH AVENUE #215**
4.4 CITY-ST-ZIP **MIAMI FL**
5.1 TITLE ☐ DELETE
5.2 NAME **D BERRY, LOUISE**
5.3 STREET ADDRESS **15800 NW 7TH AVE #508**
5.4 CITY-ST-ZIP **MIAMI FL**
6.1 TITLE ☐ DELETE
6.2 NAME **D SCOTLAND, ASHLEY**
6.3 STREET ADDRESS **15800 NW 7TH AVENUE #303**
6.4 CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Patricia Richardson**
1.3 STREET ADDRESS **15600 N.W. 7 Ave # 705**
1.4 CITY-ST-ZIP **Miami FL 33169**
2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Wanda Devue**
2.3 STREET ADDRESS **15600 N.W. 7 Ave # 401**
2.4 CITY-ST-ZIP **Miami Fla. 33169**
3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Eleanor Kolski**
3.3 STREET ADDRESS **15600 N.W. 7 Ave # 617**
3.4 CITY-ST-ZIP **Miami, Fla. 33169**
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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: **Bettye Bacon** **3/13/98** **305-688-6440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)