


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728624					
1. Corporation Name PATHWAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7845 S.W. 57 AVE. MIAMI FL 33143			Mailing Address 12344 SW 82ND AVE 12384 SW 82ND AVENUE MIAMI FL 33156 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <i>c/o The Foster Co.</i>		01/10/1974	
22 City & State		27 <i>P.O. Box 565820</i>		4. FEI Number	
23 Zip		28 <i>MIAMI FL</i>		59-1568662	
24 Country		29 <i>99256-5820</i>		30 <i>US</i>	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE FOSTER COMPANY 12394 SW 82ND AVE 12384 SW 82ND AVENUE MIAMI FL 33156				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS					
TITLE	VPD	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME	ASWAD, JOANN		1.2 NAME		
STREET ADDRESS	5520 SW 78TH STREET, #D		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	PEDICORD-MIKES, BONNIE		2.2 NAME		
STREET ADDRESS	5595 SW 80TH STREET, #C		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		2.4 CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
NAME	MERCEDES-BORRAS, ROVIRA		3.2 NAME		
STREET ADDRESS	5605 A SW 78TH STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		3.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		
NAME	BRODUER, PEGGY		4.2 NAME		
STREET ADDRESS	5685 SW 85TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE		
NAME	KIMBALL, PAMELA		5.2 NAME		
STREET ADDRESS	5585 SW 80 ST #D		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE		
NAME	GIROD, ELLEN		6.2 NAME		
STREET ADDRESS	6831 SW 78TH TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33143		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, with all other like empowered.

SIGNATURE: *Bonnie Pedicord-Mikes* 1/7/99 Date 305.665.4104 Daytime Phone #

CR2E037 (11/98)