

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90007 009 \*\*\*\*61.25

**DOCUMENT # 728624**

1. Entity Name  
PATHWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
7845 S.W. 57 AVE.  
MIAMI, FL 33143

Mailing Address  
5625 SW 80TH ST. #D  
MIAMI, FL 33143 US

40031641



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
59-1568662

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUITS, STEPHEN  
C/O LAND CAP PROPERTY SERVICES  
13800 SW 144 AVE RD  
MIAMI, FL 33186

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 TD ☐ Delete  
NAME WEINER, DOUG  
STREET ADDRESS 5595 SW 80TH STREET #C  
CITY-ST-ZIP MIAMI, FL 33143

TITLE TD ☒ Change ☐ Addition  
NAME DOUGLAS WEINER  
STREET ADDRESS 5595 SW 80TH STREET  
CITY-ST-ZIP MIAMI, FL 33143

TITLE D ☐ Delete  
NAME MIDDLEBROOK, ROBERT  
STREET ADDRESS 5595 SW 80TH STREET, #C  
CITY-ST-ZIP MIAMI, FL 33143

TITLE RD ☐ Change ☒ Addition  
NAME Bonnie Pedicard-Mikes  
STREET ADDRESS 5595 SW 80 ST #C  
CITY-ST-ZIP MIAMI, FL 33143

TITLE SD ☐ Delete  
NAME DUFFORT, LAURENT D  
STREET ADDRESS 5565 SW 80TH STREET, #B  
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME HOSPITAL, MEDINA C  
STREET ADDRESS 5625 SW 80 ST-B  
CITY-ST-ZIP MIAMI, FL 33143

TITLE D ☒ Change ☐ Addition  
NAME CAROLINA HOSPITAL  
STREET ADDRESS 5625 SW 80 ST D  
CITY-ST-ZIP MIAMI FL 33143

TITLE VPD ☐ Delete  
NAME PROC, LUANNE  
STREET ADDRESS 7915 SW RED RD UNIT C  
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MILLS, PAMELA E  
STREET ADDRESS 5585 SW 80 ST-A  
CITY-ST-ZIP MIAMI, FL 33143

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*Bonnie Pedicard-Mikes*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

305 665 4104  
Daytime Phone #

Bonnie Pedicard-Mikes