


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2008 8:00 am**  
**Secretary of State**

02-25-2008 90046 024 \*\*\*\*61.25

<b>DOCUMENT # 728624</b> 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 13800 SW 144 AVE RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State miami, FL	
Zip	Country	Zip 33186	Country
6. Name and Address of Current Registered Agent  SUITS, STEPHEN C/O LAND CAP PROPERTY SERVICES 13800 SW 144 AVE RD MIAMI, FL 33186		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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).</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD 2 WEINER, DOUG 56805 N 78 ST. A MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sigan, Terry 5625 SW 80TH ST MIAMI, FLA 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIDDLEBROOK, ROBERT 5595 SW 80TH STREET, #C MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUFFORT, LAURENT D 5565 SW 80TH STREET, #B MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSPITAL, CAROLINA 5625 SW 80 ST D MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hospital, Carolina 5625 SW 80ST D MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PROC, LUANNE 7915 SW RED RD UNIT C MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Procopio, Luanne 7915 SW RED RD UNIT C MIAMI FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLS, PAMELA E 5585 SW 80 ST-A MIAMI, FL 33143	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.			
<b>SIGNATURE:</b> <i>Luanne Procopio</i>		2/11/08 305 360 1244	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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01042008 Chg-NP CR2E037 (12/06)

4. FEI Number  
59-1568662

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

7. Name and Address of New Registered Agent  
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).

Filing Fee is \$61.25 Due by May 1, 2008  
9. Election Campaign Financing  
Trust Fund Contribution. ☐  
\$5.00 May Be Added to Fees  
Make check payable to Florida Department of State

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SIGNATURE: *Luanne Procopio* 2/11/08 305 360 1244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #