

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728624

FILED
Feb 23, 2015
Secretary of State
CC5214787813

Entity Name: PATHWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O LYNX PROPERTY SERVICES, LLC
12485 SW 137 AVENUE SUITE 309
MIAMI, FL 33186

Current Mailing Address:

C/O LYNX PROPERTY SERVICES, LLC
12485 SW 137 AVENUE SUITE 309
MIAMI, FL 33186 US

FEI Number: 59-1568662

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYNX PROPERTY SERVICES, LLC
12485 SW 137 AVENUE
SUITE 309
MIAMI, FL 33186 US

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: THOMAS RYAN

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HOSPITAL, CAROLINA
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name ALVAREZ, HUGO
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title TREASURER
Name WIENER, DOUGLAS
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title VP
Name GREEN, ANDREW
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name KURZYNSKI, MATTHEW
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

I hereby 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 all other like empowered.

SIGNATURE: CAROLINA HOSPITAL

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date