

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728624

**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