

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728624

**Entity Name:** PATHWAY CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**7845 S.W. 57 AVE.  
MIAMI, FL 33143**Current Mailing Address:**13800 SW 144 AVE RD  
MIAMI, FL 33186 US**FEI Number:** 59-1568662**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAND CAP PROPERTY SERVICES  
C/O LAND CAP PROPERTY SERVICES  
13800 SW 144 AVE RD  
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:** TOM RYAN

03/27/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	HOSPITAL, CAROLINA
Address	13800 SW 144 AVE RD
City-State-Zip:	MIAMI FL 33186

Title	VPD
Name	PROCOPIO, LUANNE
Address	13800 SW 144 AVE RD
City-State-Zip:	MIAMI FL 33186

Title	TD
Name	WIENER, DOUGLAS
Address	13800 SW 144 AVE RD
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	GREEN, ANDREW
Address	13800 SW 144 AVE RD
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	KURZYNSKI, MATTHEW
Address	13800 SW 144 AVE RD
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

03/27/2014

Electronic Signature of Signing Officer/Director Detail

Date