

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750564

Entity Name: PARKWAY PLACE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**RIVER ASSOCIATION MANAGEMENT INC
3444 MARINATOWN LN SUITE 17
N FORT MYERS, FL 33903**Current Mailing Address:**RIVER ASSOCIATION MANAGEMENT
PO BOX 568
CAPE CORAL , FL 33991 US**FEI Number:** 65-0056480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RIVER ASSOCIATION MANAGEMENT
RIVER ASSOCIATION MANAGEMENT INC
3444 MARINATOWN LN SUITE 17
N FORT MYERS, FL 33903 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:** FAITH STACY

03/10/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	CANDELA, GARY
Address	RIVER ASSOCIATION MANAGEMENT PO BOX 568
City-State-Zip:	CAPE CORAL FL 33991

Title	SECRETARY
Name	SCHULER, JAMES
Address	RIVER ASSOCIATION MANAGEMENT PO BOX 568
City-State-Zip:	CAPE CORAL FL 33991

Title	DIRECTOR
Name	ROSEMA, SHELLY
Address	RIVER ASSOCIATION MANAGEMENT PO BOX 568
City-State-Zip:	CAPE CORAL FL 33991

Title	PRESIDENT, TREASURER
Name	BEASLEY, RICHARD
Address	RIVER ASSOCIATION MANAGEMENT PO BOX 568
City-State-Zip:	CAPE CORAL FL 33991

Title	DIRECTOR
Name	NICHOLSON, GEORGE
Address	RIVER ASSOCIATION MANAGEMENT PO BOX 568
City-State-Zip:	CAPE CORAL FL 33991

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: JAMES SCHULER**SECRETARY**

03/10/2024

Electronic Signature of Signing Officer/Director Detail

Date