2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 750748

Entity Name: PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED May 11, 2023 Secretary of State 3462612445CC

Current Principal Place of Business:

15600 NW 7 AVE

OFFICE

MIAMI, FL 33169

Current Mailing Address:

C/O INFINITY COMMUNITY MANAGEMENT, INC. 5350 10TH AVENUE N SUITE 1 GREENACRES, FL 33463 US

FEI Number: 59-1447824 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILBERG KLEIN PL 1300 N FEDERAL HWY #2050 BOCA RATON, FL 33432 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

DIRECTOR Title Title PRESIDENT

Name BUITRAGO, HERNANDO Name BREVIL, OLGINE

C/O INFINITY COMMUNITY C/O INFINITY COMMUNITY Address Address MANAGEMENT, INC.

MANAGEMENT, INC.

5350 10TH AVENUE N SUITE 1 5350 10TH AVENUE N SUITE 1

GREENACRES FL 33463 GREENACRES FL 33463 City-State-Zip: City-State-Zip:

VΡ Title Title DIRECTOR

BROWN, NOEL MARTIN, NINA Name Name

C/O INFINITY COMMUNITY Address C/O INFINITY COMMUNITY Address

> MANAGEMENT, INC. MANAGEMENT, INC. 5350 10TH AVENUE N SUITE 1 5350 10TH AVENUE N SUITE 1

City-State-Zip: GREENACRES FL 33463 City-State-Zip: GREENACRES FL 33463

Title **SECRETARY** Title **TREASURER**

Name DAMAS, JOHNNY Name CHARLES, JUNIOR

C/O INFINITY COMMUNITY C/O INFINITY COMMUNITY Address Address

MANAGEMENT, INC. MANAGEMENT, INC.

5350 10TH AVENUE N SUITE 1 5350 10TH AVENUE N SUITE 1

City-State-Zip: GREENACRES FL 33463 GREENACRES FL 33463 City-State-Zip:

Title DIRECTOR

FLOWERS, KAREN Name

Address C/O INFINITY COMMUNITY

MANAGEMENT, INC.

5350 10TH AVENUE N SUITE 1

City-State-Zip: GREENACRES FL 33463

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.

05/11/2023 SIGNATURE: OLGINE BREVIL PRES