2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750748

Entity Name: PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15600 NW 7 AVE OFFICE MIAMI, FL 33169

Current Mailing Address:

PARKWAY TOWERS CONDOMINIUM ASSOCIATION C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE N, STE 1 GREENACRES, FL 33463 US

FEI Number: 59-1447824

Name and Address of Current Registered Agent:

MILBERG KLEIN PL 5550 GLADES RD SUITE 500 BOCA RATON, FL 33431 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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Officer/Direc			
Title	DIRECTOR	Title	PRESIDENT
Name	BUITRAGO, HERNANDO	Name	BREVIL, OLGINE
Address	C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE N SUITE 1	Address	C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE N SUITE 1
City-State-Zip:	GREENACRES FL 33463	City-State-Zip:	GREENACRES FL 33463
Title	VP	Title	DIRECTOR
Name	BROWN, NOEL	Name	MARTIN, NINA
Address	C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE N SUITE 1	Address	C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE N SUITE 1
City-State-Zip:	GREENACRES FL 33463	City-State-Zip:	GREENACRES FL 33463
Title	SECRETARY	Title	TREASURER
THE	SECRETART	nue	TREASURER
Name	DAMAS, JOHNNY	Name	CHARLES, JUNIOR
Address	C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE N SUITE 1	Address	C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE N SUITE 1
City-State-Zip:	GREENACRES FL 33463	City-State-Zip:	GREENACRES FL 33463
Title	DIRECTOR	Title	DIRECTOR
Name	GREENWICH, NATHANIEL	Name	FLOWERS, KAREN
Address	C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE NORTH SUITE 1	Address	C/O INFINITY COMMUNITY MGMT 5350 10TH AVENUE NORTH SUITE 1
City-State-Zip:	GREENACRES FL 33463	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.

SIGNATURE: OLGINE BREVIL

PRESIDENT

Date

Certificate of Status Desired: No

Feb 27, 2020 Secretary of State 6714788587CC

FILED

Electronic Signature of Signing Officer/Director Detail