2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750748

Entity Name: PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED
May 01, 2024
Secretary of State
7049975596CC

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:

Electronic Signature of Registered Agent Date

Officer/Director Detail :

Title DIRECTOR Title PRESIDENT

Name BUITRAGO, HERNANDO Name BREVIL, OLGINE

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

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 VP Title DIRECTOR

Name BROWN, NOEL Name MARTIN, NINA

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

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

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

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 DIRECTOR Title DIRECTOR

Name FLOWERS, KAREN Name PAIGE, RONALD

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

MANAGEMENT, INC.

MANAGEMENT, INC.

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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 PRES 05/01/2024

Officer/Director Detail Continued:

Title DIRECTOR

Name DIEUDONNE, WISTON

C/O INFINITY COMMUNITY MANAGEMENT, INC. 5350 10TH AVENUE N SUITE 1 $\,$ Address

City-State-Zip: GREENACRES FL 33463