

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750748

Entity Name: PARKWAY TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 17, 2023
Secretary of State
2867843528CC

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
1200 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
Name BUITRAGO, HERNANDO
Address C/O INFINITY COMMUNITY MANAGEMENT, INC.
5350 10TH AVENUE N SUITE 1
City-State-Zip: GREENACRES FL 33463

Title PRESIDENT
Name BREVIL, OLGINE
Address C/O INFINITY COMMUNITY MANAGEMENT, INC.
5350 10TH AVENUE N SUITE 1
City-State-Zip: GREENACRES FL 33463

Title VP
Name BROWN, NOEL
Address C/O INFINITY COMMUNITY MANAGEMENT, INC.
5350 10TH AVENUE N SUITE 1
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name MARTIN, NINA
Address C/O INFINITY COMMUNITY MANAGEMENT, INC.
5350 10TH AVENUE N SUITE 1
City-State-Zip: GREENACRES FL 33463

Title SECRETARY
Name DAMAS, JOHNNY
Address C/O INFINITY COMMUNITY MANAGEMENT, INC.
5350 10TH AVENUE N SUITE 1
City-State-Zip: GREENACRES FL 33463

Title TREASURER
Name CHARLES, JUNIOR
Address C/O INFINITY COMMUNITY MANAGEMENT, INC.
5350 10TH AVENUE N SUITE 1
City-State-Zip: GREENACRES FL 33463

Title DIRECTOR
Name FLOWERS, KAREN
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.

SIGNATURE: OLGINE BREVIL

PRESIDENT

04/17/2023

