

2021 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**Certificate of Status Desired:** No**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

Date

Officer/Director Detail :

Title DIRECTOR
Name BUITRAGO, HERNANDO
Address 15600 NW 7 AVE
OFFICE
City-State-Zip: MIAMI FL 33169

Title PRESIDENT
Name BREVIL, OLGINE
Address 15600 NW 7 AVE
OFFICE
City-State-Zip: MIAMI FL 33169

Title VP
Name BROWN, NOEL
Address 15600 NW 7 AVE
OFFICE
City-State-Zip: MIAMI FL 33169

Title DIRECTOR
Name MARTIN, NINA
Address 15600 NW 7 AVE
OFFICE
City-State-Zip: MIAMI FL 33169

Title SECRETARY
Name DAMAS, JOHNNY
Address 15600 NW 7 AVE
OFFICE
City-State-Zip: MIAMI FL 33169

Title TREASURER
Name CHARLES, JUNIOR
Address 15600 NW 7 AVE
OFFICE
City-State-Zip: MIAMI FL 33169

Title DIRECTOR
Name GREENWICH, NATHANIEL
Address 15600 NW 7 AVE
OFFICE
City-State-Zip: MIAMI FL 33169

Title DIRECTOR
Name FLOWERS, KAREN
Address 15600 NW 7 AVE
OFFICE
City-State-Zip: MIAMI FL 33169

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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

PRESIDENT

02/02/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	RON-PEDRIQUE, LEOPOLDO
Address	15600 NW 7 AVE OFFICE
City-State-Zip:	MIAMI FL 33169