

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:10

DOCUMENT # 728624 (8)

1. Corporation Name

PATHWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7845 S.W. 57 AVE.
MIAMI FL 33143

7845 S.W. 57 AVE.
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1974

3a. Date of Last Report

03/01/1994

4. FEI Number

59-1568662

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

29. Country

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIROD, ELLEN
7915 SW 57 AVENUE
MIAMI FL 33143

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME MULLEN, KEVIN
STREET ADDRESS 5825 S.W. 80TH ST., SUITE B
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HORN BROOK, CARL
STREET ADDRESS 7885 S.W. 57TH AVE. #D
CITY-ST-ZIP MIAMI FL

2.1 TITLE VD.
2.2 NAME HORN BROOK, CARL
2.3 STREET ADDRESS 7885 S.W. 57th Ave. #D
2.4 CITY-ST-ZIP Miami, FL

TITLE TD
NAME WHITE, ROSEMARY
STREET ADDRESS 5595 SW 80 STREET #B
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME WHEATON, JANET
STREET ADDRESS 7945 S.W. 57TH AVE., SUITE A
CITY-ST-ZIP MIAMI FL

4.1 TITLE D
4.2 NAME WHEATON, JANET
4.3 STREET ADDRESS 7945 S.W. 57th Ave. #A
4.4 CITY-ST-ZIP Miami, FL

TITLE D
NAME MADDEN, BETTY
STREET ADDRESS 5680 SW 78 STREET #C
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME MEDINA, CARLOS
STREET ADDRESS 5625 S.W. 80TH ST., SUITE D
CITY-ST-ZIP MIAMI FL

6.1 TITLE PD
6.2 NAME GIROD, ELLEN
6.3 STREET ADDRESS 7915 SW 57th Ave. #D
6.4 CITY-ST-ZIP Miami, FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer on director
Ellen Girod, President

Feb. 17, 1995

(305) 661-3843

Date

Telephone

PATHWAYS CONDOMINIUM ASSOCIATION, INC.

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13. Continued

SD
PRENDERGAST, LOIS
5540 SW 78 St. #B
Miami, FL

Change

X Addition

D
PEDICORD, BONNIE
5595 SW 80 St. #C
Miami, FL

✓ Addition