

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728624 (8)

1. Corporation Name

PATHWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

7845 S.W. 57 AVE.
MIAMI FL 33143

Mailing Address

7845 S.W. 57 AVE.
MIAMI FL 33143

3. Date Incorporated or Qualified
01/10/1974

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 70 THE FOSTER CO.

22 City & State

27 Suite, Apt. #, etc.

12384 SW 82 AVE.

23 Zip

28 City & State

MIAMI, FL

24 Country

25 Zip

29 Zip

30 Country

33156

4. FEI Number

59-1568662

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

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 F. JOSEPH SCOTT, CPM

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

THE FOSTER CO.

83 12384 SW 82 AVE.

84 City MIAMI, FL

FL

85 Zip Code

33156

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

F. JOSEPH SCOTT

(NOTE: Registered Agent signature required when reinstating)

2-15-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MULLEN, KEVIN
STREET ADDRESS 5625 S.W. 80TH ST., SUITE B
CITY - ST - ZIP MIAMI FL

TITLE D ☒ DELETE

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

TITLE TD ☐ DELETE

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

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

NAME MADDEN, BETTY
STREET ADDRESS 5660 SW 78 STREET #C
CITY - ST - ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME GIROD, ELLEN
STREET ADDRESS 7915 SW 57TH AVE #D
CITY - ST - ZIP MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE VPD ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE SD ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE D ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosemary A. White - Amy A. White - Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96

305-254-7228

Date

Daytime Phone #

CR2E037 (12/95)