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FILED

Feb 19 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 728624 (8)

1. Corporation Name

PATHWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7845 S.W. 57 AVE.  
MIAMI FL 33143% THE FOSTER COMPANY  
12384 SW 82ND AVENUE  
MIAMI FL 33156-5223  
US3. Date Incorporated or Qualified  
01/10/19743a. Date of Last Report  
03/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

4. FEI Number

59-1568662

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. 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

THE FOSTER COMPANY  
SCOTT, F. JOSEPH, CPM  
12384 SW 82ND AVENUE  
MIAMI FL 33156

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 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

TITLE D  
NAME PEDICORD-MIKES, BONNIE  
STREET ADDRESS 5595 SW 80TH STREET, #C  
CITY-ST-ZIP MIAMI FL

DELETE

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

DELETE

TITLE VPD  
NAME PRENDERGAST, LOIS  
STREET ADDRESS 5540 SW 78TH STREET, #B  
CITY-ST-ZIP MIAMI FL

DELETE

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

DELETE

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

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP/D  
1.2 NAME JOANN ASWAD  
1.3 STREET ADDRESS 5660 SW 78 ST. #C  
1.4 CITY-ST-ZIP MIAMI, FL 33143

Change Addition

2.1 TITLE P/D  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

Change Addition

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

Change Addition

4.1 TITLE D  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE D  
5.2 NAME PAMELA KIMBALL  
5.3 STREET ADDRESS 5585 SW 80 ST. #D  
5.4 CITY-ST-ZIP MIAMI, FL 33143

Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/97 (305) 665-4104

Date

Daytime Phone # 0027605

CFR2E037 (9/96)