

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728624** (8)  
1. Corporation Name  
**PATHWAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>7845 S.W. 57 AVE. MIAMI FL 33143</b>	Mailing Address <b>% THE FOSTER COMPANY 12384 SW 82ND AVENUE MIAMI FL 33156 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 <b>12344 SW 82 AVE</b> 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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3. Date Incorporated or Qualified <b>01/10/1974</b>	4. FEI Number <b>59-1568662</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>THE FOSTER COMPANY SCOTT, F. JOSEPH, CPM 12384 SW 82ND AVENUE MIAMI FL 33156</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>12344 SW 82 AVE.</b> 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASWAD, JOANN	1.2 NAME	
STREET ADDRESS	5660 SW 78 ST #C	1.3 STREET ADDRESS	<b>5520 SW 78 ST. #D</b>
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	<b>33143</b>
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEDICORD-MIKES, BONNIE	2.2 NAME	
STREET ADDRESS	5595 SW 80TH STREET, #C	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	<b>33143</b>
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, ROSEMARY	3.2 NAME	<b>T/D</b>
STREET ADDRESS	5595 SW 80 STREET #B	3.3 STREET ADDRESS	<b>MERCEDES BORRAS-ROVIRA</b>
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<b>5605A SW 78 ST</b>
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRENDERGAST, LOIS	4.2 NAME	<b>D</b>
STREET ADDRESS	5540 SW 78TH STREET, #B	4.3 STREET ADDRESS	<b>PEGGY BRODWER</b>
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	<b>5665 SW 85 ST</b>
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMBALL, PAMELA	5.2 NAME	
STREET ADDRESS	5585 SW 80 ST #D	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIROD, ELLEN	6.2 NAME	
STREET ADDRESS	7915 SW 57TH AVE #D	6.3 STREET ADDRESS	<b>6881 SW 78 TERR.</b>
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	<b>33143</b>

14. I 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]* **3-13-98 (306) 364-7228**

CR2E037 (10/97)