

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728624

1. Entity Name

PATHWAY CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90057 044 ****61.25

Principal Place of Business	Mailing Address
7845 S.W. 57 AVE. MIAMI FL 33143	C/O THE FOSTER CO PO BOX 565820 MIAMI FL 33256-5820 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
59-1568662	Not Applicable

5. Certificate of Status Desired	Fee Required
<input type="checkbox"/>	\$8.75 Additional

6. Name and Address of Current Registered Agent

THE FOSTER COMPANY
12394 SW 82ND AVE
12384 SW 82ND AVENUE
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> Delete
NAME	ASWAD, JOANN	
STREET ADDRESS	5520 SW 78TH STREET, #D	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PEDICORD-MIKES, BONNIE	
STREET ADDRESS	5595 SW 80TH STREET, #C	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HORN BROOK, CARL D	
STREET ADDRESS	7885 D SW 57TH AVE	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KIMBALL, PAMELA	
STREET ADDRESS	5585 SW 80 ST #D	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIROD, ELLEN	
STREET ADDRESS	6831 SW 78TH TERR	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNELLY, CHRISTOPHER	
STREET ADDRESS	5685-C S.W. 80th Street	
CITY-ST-ZIP	Miami, Florida 33143	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* 2/21/00 805) 254-7229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)