

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 728624**

1. Entity Name

PATHWAY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**7845 S.W. 57 AVE.
MIAMI FL 33143**

Mailing Address

**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

4. FEI Number

59-1568662

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
VPD	ASWAD, JOANN	5520 SW 78TH STREET, #D	MIAMI FL 33143	<input type="checkbox"/>	PD	ASWAD, JOANN	5520 SW 78TH ST. #D	MIAMI, FL 33143	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	PEDICORD-MIKES, BONNIE	5595 SW 80TH STREET, #C	MIAMI FL 33143	<input type="checkbox"/>	VPD	Pedicord-Mikes, Bonnie	5595 SW 80th St. #C	MIAMI, FL 33143	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HORN BROOK, CARL D	7885 D SW 57TH AVE	MIAMI FL 33143	<input checked="" type="checkbox"/>	SD	Duffort, Laurent D	5565 SW 80th St. #B	MIAMI, FL 33143	<input type="checkbox"/>	<input checked="" type="checkbox"/>
STD	BURGESS, ROBERT D	7900 B SW 55TH AVE	MIAMI FL 33143	<input checked="" type="checkbox"/>	TD	Delgado, Suzanne	5565 SW 80th St. #C	MIAMI, FL 33143	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	GIROD, ELLEN	6831 SW 78TH TERR	MIAMI FL 33143	<input checked="" type="checkbox"/>	D	Medina, Carlos	5625 80th St. #D	MIAMI, FL 33143	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/02

CR2E037 (9/01)