
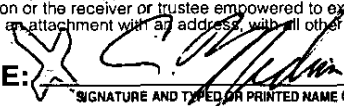


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90288 013 ****61.25

DOCUMENT # 728624 1. Entity Name PATHWAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 7845 S.W. 57 AVE. MIAMI, FL 33143			Mailing Address 5625 SW 80TH ST. #D MIAMI, FL 33143 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	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MJB MANAGEMENT SERVICES, INC. 17250 NE 19TH AVE. NORTH MIAMI BEACH, FL 33162				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ASWAD, JOANN		NAME	D. Wiener Douglas	
STREET ADDRESS	5520 SW 78TH STREET, #D		STREET ADDRESS	5680 SW 78th St #A	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Miami, FL 33143	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEDICORD-MIKES, BONNIE		NAME	Proc Luanne	
STREET ADDRESS	5595 SW 80TH STREET, #C		STREET ADDRESS	7915 SW Red Rd. Unit c	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Miami, FL 33143	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUFFORT, LAURENT D		NAME	D. Middlebrook, Robert	
STREET ADDRESS	5565 SW 80TH STREET, #B		STREET ADDRESS	5595 SW 80th St #A	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	Miami, FL 33143	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DELGADO, SUZANNE		NAME		
STREET ADDRESS	5565 SW 80TH ST. #C		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEDINA, CARLOS		NAME		
STREET ADDRESS	5625 80TH ST, #D		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	DD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HORN BROOK, CARL		NAME		
STREET ADDRESS	7885 SW 57TH AVE. #D		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
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: 			7/23/04 705.250-6850		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		