


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90128 036 ****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		01182005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-1568662	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>Suits, Stephen</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O Landcap Property Services</u> <u>13800 SW 144 AVE Rd</u> City <u>miami</u> FL Zip Code <u>33186</u>		
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 <u>Stephen Suits</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			<u>Stephen Suits</u> 3/3/05 <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE		
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D WIENER, DOUGLAS 5680 SW 78ST #A MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pedicord-Mikes, Bonnie 5595 SW 80th street #c Miami, FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEDICORD-MIKES, BONNIE 5595 SW 80TH STREET, #C MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Giacomo, Katherine 7885 SW 57 AVE #A Miami, FL 33143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUFFORT, LAURENT D 5565 SW 80TH STREET, #B MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DELGADO, SUZANNE 5565 SW 80TH ST. #C MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MEDINA, CARLOS 5625 80TH ST. #D MIAMI, FL 33143	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROC, LUANNE 7915 SW RED RD UNIT C MIAMI, FL 33143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: <u>Bonnie Pedicord Mikes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3/2/05</u> Daytime Phone #		