


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90366 005 \*\*\*\*61.25

<b>DOCUMENT # 728624</b> 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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																										
City & State			City & State																																																																																																																										
Zip		Country		4. FEI Number 59-1568662																																																																																																																									
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable																																																																																																																											
6. Name and Address of Current Registered Agent SUITS, STEPHEN C/O LAND CAP PROPERTY SERVICES 13800 SW 144 AVE RD MIAMI, FL 33186																																																																																																																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </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) DATE</small>																																																																																																																													
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD PEDICORD-MIKES, BONNIE</td> <td style="width: 20%;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>5595 SW 80TH STREET #C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33143</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD PEDICORD-MIKES, BONNIE</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>5595 SW 80TH STREET, #C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33143</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SD DUFFORT, LAURENT D</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>5565 SW 80TH STREET, #B</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33143</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD DELGADO, SUZANNE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>5565 SW 80TH ST. #C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33143</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD MEDINA, CARLOS</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>5625 80TH ST. #D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33143</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>BYPD PROC, LUANNE</td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>7915 SW RED RD UNIT C</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33143</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">D DOUG WEINER</td> <td style="width: 20%;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>D ROBERT MIDDLEBROOK</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD PEDICORD-MIKES, BONNIE	<input type="checkbox"/> Delete	NAME	5595 SW 80TH STREET #C		STREET ADDRESS	MIAMI, FL 33143		CITY-ST-ZIP			TITLE	VPD PEDICORD-MIKES, BONNIE	<input checked="" type="checkbox"/> Delete	NAME	5595 SW 80TH STREET, #C		STREET ADDRESS	MIAMI, FL 33143		CITY-ST-ZIP			TITLE	SD DUFFORT, LAURENT D	<input type="checkbox"/> Delete	NAME	5565 SW 80TH STREET, #B		STREET ADDRESS	MIAMI, FL 33143		CITY-ST-ZIP			TITLE	TD DELGADO, SUZANNE	<input type="checkbox"/> Delete	NAME	5565 SW 80TH ST. #C		STREET ADDRESS	MIAMI, FL 33143		CITY-ST-ZIP			TITLE	PD MEDINA, CARLOS	<input checked="" type="checkbox"/> Delete	NAME	5625 80TH ST. #D		STREET ADDRESS	MIAMI, FL 33143		CITY-ST-ZIP			TITLE	BYPD PROC, LUANNE	<input type="checkbox"/> Delete	NAME	7915 SW RED RD UNIT C		STREET ADDRESS	MIAMI, FL 33143		CITY-ST-ZIP			TITLE	D DOUG WEINER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D ROBERT MIDDLEBROOK	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.																																																																																																																													
<b>SIGNATURE:</b> <i>[Signature]</i> <b>3/27/06</b> <b>305 105 4104</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													

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