

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728624

FILED
Feb 24, 2009
Secretary of State

Entity Name: PATHWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

13800 SW 144 AVE RD
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-1568662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUITS, STEPHEN
C/O LAND CAP PROPERTY SERVICES
13800 SW 144 AVE RD
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: WEINER, DOUG
Address: 56805 N 78 ST. A
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: MIDDLEBROOK, ROBERT
Address: 5595 SW 80TH STREET, #C
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: SIGMAN, TERRY
Address: 5625 SW 80 ST
City-St-Zip: MIAMI, FL 33143

Title: VP () Delete
Name: HOSPITAL, CAROLINA
Address: 5625 SW 80 ST D
City-St-Zip: MIAMI, FL 33143

Title: P () Delete
Name: PROCOPIU, LUANNE
Address: 7915 SW RED RD UNIT C
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: MILLS, PAMELA E
Address: 5585 SW 80 ST-A
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOSPITAL, CAROLINA
Address: 5625 SW 80 STREET, #B
City-St-Zip: MIAMI, FL 33143

Title: VPD (X) Change () Addition
Name: BRUMBAUGH SHELFER, CAROLINE
Address: 5595 SW 80TH STREET, UNIT 102, #B
City-St-Zip: MIAMI, FL 33143

Title: TD (X) Change () Addition
Name: WIENER, DOUGLAS
Address: 5680 SW 78 STREET, UNIT 04, #A
City-St-Zip: MIAMI, FL 33143

Title: SD (X) Change () Addition
Name: MILLS, PAMELA E
Address: 5585 SW 80 STREET, #A
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change () Addition
Name: MIDDLEBROOK, ROBERT
Address: 5595 SW 80 STREET, #A
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change () Addition
Name: SIGMAN, TERRY L
Address: 5625 SW 80 STREET #A
City-St-Zip: MIAMI, FL 33143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLINA HOSPITAL

PD

02/24/2009

Electronic Signature of Signing Officer or Director

Date