2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 750564 Jun 09, 2000 8:00 am Secretary of State PARKWAY PLACE CONDOMINIUM ASSOCIATION, INC. 06-09-2000 90218 027 ****61.25 Principal Place of Business Mailing Address 4803 SANTA BARBARA CT. CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 650056480 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -WIELFAH-GLADICK SCHWARTZ Street Address (P.O. Box Number is Not Acce 4803-10 SANTA BARBARA CT SW SANTA BARBARA CT CAPE CORAL FL 33914 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. JITLE PRESIDENT Delete TITLE JERONE SCHWARTZ 4803-11 SW SANTA BARBARACT WILLIAM GLADICK 4803-10 SW SANTA BARBARA CT NAME NAME STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP DIRECTOR Change Change Addition VICE PRESIDENT Delete TITLE WILLIAM GLADICK WILLIAM WARD MAME 4803-10 SW SANTA BARBARA CT NAME 4803-2 SW SANTABARBARA CT STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL Addition DIRECTOR Change Delete TITLE TITLE DIRECTOR BRUCE CASKY EDWARD PROVENCHER NAME NAME 4803-6 SW SANTA BARBARH CT. SW SANTA BARBARA CT STREET ADDRESS STREET ADDRESS CHIE CORAL FL CITY-ST-7IE 33914 CITY-ST-ZIP *339/4* Addition ☐ Change DIRECTOR ☐ Delete TITLE TITLE NAME RAYMOND SIMON 4803 55 SANTA BARBARA CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL 33914 CITY-ST-ZIP ☐ Change Addition DIRECTOR TIT! F Delete TITLE DON WINTER 403-8 SW SHNTA BARBARA CT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAYE CORAL FL SECRETARY/TREASURER CECILIA SCHWARTZ Change ☐ Addition TITLE ☐ Delete TITLE

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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4803-11 SW SANTA BARBARA OT

33914

CECILIA