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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE: @

DOCUMENT # 756303

(4)

PARK WAY PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address 810 SATURN ST **STE 24 BIO SATURN ST STE 24** JUPITER FL 33477-4402 JUPITER FL 33477-4402 3. Date Incorporated or Qualified 3a. Date of Last Report 02/10/1981 04/07/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 825 PARKWAY ST. 59-2220376 21 825 PARKWAY STREET Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired \Box SUITE SUITE Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financino FLORIDA **SUPITER** \Box JUPITUR 23 Trust Fund Contribution Added to Fees Zip 3 3 477 This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes
 No Country 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ATHLEEN SHAFER BROPHY, GILBERT T ess (P.O. Box Number is Not Acceptable)
9 30 PAINCEWOOD 825 PARKWAY 57. 82 810 SATURN ST STE 15 83 JUPITER FL 33458 SUITE 12 84 65 Zip Code JUPITER 33477 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the objections of, Section 9,7.0593, Florida Statutes. SIGNATURE [NOTE: Registered Agenit signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE DIRECTOR TITLE 1.1 TITLE B. ECCLESTON KATHLEEN SHAFER 1.2 NAME NAME . 50176 4 PARKWAY ST. 5793 MARBIEWOOD COURT 1.3 STREET ADDRESS STREET ADDRESS JUPITER. Jupiter Fl 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 21 TIFLE TITLE DIRECTOR KATHLEEN KUHNS OLIN, ROBERT 2.2 NAME NAME 825 PARKWAY ST. - SUITE #12 P.O. BOX 1677 N/A 2.3 STREET ADDRESS STREET ADDRESS JUPITER, FLORIDA Jupiter Fl CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition 3 1 TITLE TITLE JOHN INGLIS DIORIO, DOROTHY B 3.2 NAME 810 SATURN STREET - SUITE 18 NAME 1 TURTLE CR. DRIVE 3.3 STREET ADDRESS STREET ADDRESS SUPITER, FURIOR 33477 JUPITER FL CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Addition 41 THE TITLE BLEIMAN, MICHAEL (DR.) 4 2 NAME NAME 810 SATURN ST., SUITE 21 4.3 STREET ADDRESS STREET ADDRESS JUPITER FL 4.4 City - ST-7IP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5 1 TITLE THOMPSON, JOAN 5.2 NAME NAME 825 SATURN ST, SUITE 6 STREET ADDRESS 5.3 STREET ADDRESS Jupiter Fl 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY-ST-ZIP CITY-ST-7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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

on an attachment with an address

NINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 407.747.7070

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