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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756303 (4)

1. Corporation Name
PARK WAY PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
825 PARKWAY STREET SUITE 12 JUPITER FL 33477 US	825 PARKWAY ST SUITE 12 JUPITER FL 33477 US

3. Date Incorporated or Qualified: 02/10/1981

4. FEI Number: 59-2220376 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 810 Saturn St	26 810 Saturn St.
Suite, Apt. #, etc. 22 Suite # 30	Suite, Apt. #, etc. 27 Suite #30
City & State 23 Jupiter, FL	City & State 28 Jupiter, FL
Zip / Country 24 33477 / 25 usa	Zip / Country 29 33477 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SHAFER, KATHLEEN
825 PARKWAY STREET SUITE 12
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name: Kathleen M. Thomas
82 Street Address (P.O. Box Number is Not Acceptable): 810 Saturn St. Suite # 30
83
84 City: Jupiter **FL** 85 Zip Code: 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Kathleen M. Thomas — KATHLEEN M. THOMAS — 4-20-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KATHLEEN SHAFER 5793 MARBIEWOOD COURT JUPITER FL	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	pd Mr. Geral Gore 810 Saturn St. Suite #28 Jupiter, FL 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUHNS, KATHLEEN 825 PARKWAY STREET SUITE 12 JUPITER FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Sec Kuhns, Kathleen 825 Parkway St. Suite # 12 Jupiter, FL 33477	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D INGLIS, JOHN 810 SATURN STREET SUITE 18 JUPITER FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	Treas Kathleen M. Thomas 810 Saturn St. Suite #30 Jupiter, FL 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BLEIMAN, MICHAEL (DR.) 810 SATURN ST., SUITE 21 JUPITER FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Mr. David Click, Esq 810 Saturn St. Suite #15 Jupiter, FL 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ECCLESTON, SCOTT B. 825 PARKWAY STREET SUITE 4 JUPITER FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen M. Thomas — KATHLEEN M. THOMAS — 4-3-98 — 561-743-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #