

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756303

1. Entity Name

PARK WAY PLAZA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

810 SATURN ST
SUITE #30
JUPITER FL 33477
US

Mailing Address

810 SATURN ST
SUITE #30
JUPITER FL 33477
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2220376

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, KATHLEEN M.
810 SATURN ST
SUITE #30
JUPITER FL 33477

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME GORE, MR. GERAL
STREET ADDRESS 810 SATURN ST. SUITE #28
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DS
NAME THOMAS, KATHLEEN M.
STREET ADDRESS 810 SATURN ST. SUITE #30
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CLUCK, MR. DAVID ESQ
STREET ADDRESS 810 SATURN ST. SUITE #15
CITY-ST-ZIP JUPITER FL 33477 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME BAKER, DAVID
STREET ADDRESS 825 PARKWAY ST #1
CITY-ST-ZIP JUPITER FL 33477 ☒ Delete

TITLE ☒ Change ☒ Addition
NAME Shinda McCants
STREET ADDRESS 810 Parkway St. Ste 34
CITY-ST-ZIP Jupiter, FL 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED GERAL GORE

8/27/01

744-5522

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90047 045 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)