


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90033 032 ****61.25

DOCUMENT # 756303					
1. Entity Name PARK WAY PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business POB 4416 TEQUESTA, FL 33469 US			Mailing Address POB 4416 TEQUESTA, FL 33469 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2220376	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PETERSON, ERIC G 154 SIMS CREEK LN JUPITER, FL 33458				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GORE, MR. GERAL		NAME	Haas, Michael	
STREET ADDRESS	810 SATURN ST. SUITE #28		STREET ADDRESS	3409 Harbor Rd. South	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	Tequesta, FL 33469	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Sec/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TILLISON, BARBARA		NAME	Coyle, Barbara	
STREET ADDRESS	820 PARKWAY ST., 21		STREET ADDRESS	820 Parkway St # 14	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARPANEAU, RICK		NAME	Harpeneau, Rick	
STREET ADDRESS	810 SATURN ST., 21		STREET ADDRESS	810 Saturn St #21	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAKER, DAVID		NAME	Wisneski, Ron	
STREET ADDRESS	825 PARKWAY ST., 1		STREET ADDRESS	810 Saturn St.	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	Jupiter, FL 33477	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHNS, KATHLEEN		NAME	Kuhns, Kathleen	
STREET ADDRESS	825 PARKWAY ST STE 11		STREET ADDRESS	825 Parkway St. Ste 11	
CITY-ST-ZIP	JUPITER, FL 33477		CITY-ST-ZIP	Jupiter, FL 33477	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rich Haas, pres.</u>			3-28-08 5617438696		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40051500



01072008 Chg-NP CR2E037 (12/06)