2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756303



FILED Feb 27, 2003 8:00 am § Secretary of State

PARK WAY PLAZA CONDOMINIUM ASSOCIATION, INC.					02-27-2003 90159 034 ****61.25		
Principal Place of Business 810 SATURN ST SUITE #30 JUPITER FL 33477 US		Mailing Address 810 SATURN ST SUITE #30 JUPITER FL 33477 US			BIJKA BIKAB IISII BBIBB HKI BIBK BIBKI BIB	51 818 15 838 11 818 14 1881	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number	4. FEI Number 59-2220376 Applied For		
Zíp	Country	Zip	Country	5. Certificate of S	Status Desired	Not Applicable 75 Additional	
	6. Name and Address of Current I	Registered Agent			Fee drespof New Registered Ager	Required	
THOMAS, 810 SATUI SUITE #30 JUPITER F	KATHLEEN M. RN ST)	•	Name Street Ad	EM C G	reversin	N C	
SIGNATURE	named entity submits this statement for one of registered agent. Signature, typed or printed name of registered agent a	y. Potent	Registered Agent signatur	\$5.00 May Be Added to Fees	Make Check Pa Florida Departme	NGS	
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	LIES TO OFFICERS AND DIRECT	OBS IN 10	
NAME (STREET ADDRESS 8	PD GORE, MR. GERAL 810 SATURN ST. SUITE #28 JUPITER FL 33477	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7.557, 10.10701 1/110		Change	
NAME 1 STREET ADDRESS 8	DS THOMAS, KATHLEEN M. B10 SATURN ST. SUITE #30 JUPITER FL 33477	Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	SA Enc G FOBOT Jupite	2405	Change Addition	
STREET ADDRESS 8	D CLICK, MR. DAVID ESQ 310 SATURN ST. SUITE #15 JUPITER FL 33477	* Delete	NAME STREET ADDRESS CITY-ST-ZIP	D 1	and the second s	Change	
STREET ADDRESS 8	D MCCANT, LINDA B10 PARKWAY STREET SUITE 34 JUPITER FL 33477	€ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Joan In	Impen ====================================	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		• 🗀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sainteer Sas far	tway sir-stell	[
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1		Change	

indicated on this report of 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 praddress, with all other like empowered.

GNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

541/575-6090