


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR -3 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762230 1. Entity Name PARKWAY PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 16400 NW 2ND AVE STE 203 MIAMI, FL 33169			Mailing Address 16400 NW 2ND AVE STE 203 MIAMI, FL 33169		
2. Principal Place of Business - No P.O. Box # 13737 Noel Rd Ste 100		3. Mailing Address 13737 Noel Rd Ste 100			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Dallas TX		City & State Dallas TX		4. FEI Number 59-2371461	
Zip 75240		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OSHEROFF, MARC 16400 NW 2ND AVE 203 MIAMI, FL 33169		7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd City Plantation FL Zip Code 33324			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY - ST - ZIP	D/P OSHEROFF, MARC <input checked="" type="checkbox"/> Delete 16400 NW 2ND AVE #203 MIAMI, FL 33169		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ralph Aleman 500 W Cypress Creek Rd #700 Ft Lauderdale FL 33309	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Caitlin Larsen 13737 Noel Rd Ste 100 Dallas TX 75240	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jeffrey S. Sherman 13737 Noel Rd Ste 100 Dallas TX 75240	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600096382346 04/11/07--01004--020 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information indicated on this report of the corporation or its officers, directors, or on an attached document is true and correct.					
SIGNATURE: <i>Kristina A. Mack</i>			Kristina A. Mack, Asst. Sec. 3/28/07 - Phone 469-893-2701		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					