2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#766795

FILED Jan 29, 2009 Secretary of State

Entity Name: THE PARKWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:					New Principal Place of Business:			
C/O SILVERCRESTED MANAGEMENT LLC 3440 MARINATOWN LANE #203A NORTH FT MYERS, FL 33903 US					C/O SILVERCRESTED MANAGEMENT LLC 3436 MARINATOWN LANE 1ST FL UNIT 4 NORTH FT MYERS, FL 33903 US			
Current Mailing Address:					New Mailing Address:			
3466 HANC	RCRESTED M OCK BRDG. MYERS, FL	PKWY.	IENT LLC US					
FEI Number: (65-0185672	FEI Numl	per Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Des	sired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
SILVERCRESTED MANAGEMENT LLC 3440 MARINATOWN LANE 203 NORTH FT MYERS, FL 33903 US					SILVERCRESTED MANAGEMENT LLC 3436 MARINATOWN LANE 1ST FL UNIT 4 NORTH FT MYERS, FL 33903 US			
The above r		submits thi	s statement for the pu	rpose of	f changing it	s registered of	ffice or registered age	nt, or both,
SIGNATUR	E: CHAD VA	AN TILBUF	₹G				01/29/2009	
	Electron	nic Signatu	re of Registered Agen	it			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	VD () LEASURE, JO / 3458 HANCOCI NORTH FORT M	K BRIDGE P			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () MILLER, EVELY 3462 HANCOCI NORTH FORT M	K BRIDGE P			Title: Name: Address: City-St-Zip:	GREEN, KREKE 3458 HANCOCK	Change () Addition EL (BRIDGE PKWY #144 IYERS, FL 33903	
Title: Name: Address: City-St-Zip:	STD () HARPER, KRIS 3462 HANCOCI NORTH FT MYE	K BRIDGE P			Title: Name: Address: City-St-Zip:	MCMAHON, MAI	K BRIDGE PKWY #262	
Title: Name: Address: City-St-Zip:	D () BASS, GAIL 3462 HANCOCI NORTH FORT M				Title: Name: Address: City-St-Zip:	LANGSTON, SC 3458 HANCOCK	Change () Addition COTT (BRIDGE PKWY #164 MYERS, FL 33903	
Title: Name: Address: City-St-Zip:	PD () HEBERT, WAYI 3458 HANCOCI NORTH FORT I	K BR. PKWY			Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	D () HENDERSON, I 224 SHOREWO MC DONOUGH	OOD COURT			Title: Name: Address: City-St-Zip:	()	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE HEBERT PD 01/29/2009