

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766795

FILED
Feb 25, 2010
Secretary of State

Entity Name: THE PARKWAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE 1ST FL UNIT 4
NORTH FT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
3466 HANCOCK BRDG. PKWY.
NORTH FT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 65-0185672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FT MYERS, FL 33903 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: BASS, GAIL
Address: 3462 HANCOCK BRIDGE PKWY #243
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: PD
Name: GREEN, KREKEL
Address: 3458 HANCOCK BRIDGE PKWY #144
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D
Name: MCMAHON, JOAN
Address: 3462 HANCOCK BRIDGE PKWY #262
City-St-Zip: NORTH FT MYERS, FL 33903

Title: VD
Name: LANGSTON, SCOTT
Address: 3458 HANCOCK BRIDGE PKWY #164
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: STD
Name: HARPER, KRISTINA
Address: 3462 HANCOCK BR. PKWY #235
City-St-Zip: NORTH FORT MYERS, FL 33903

I hereby 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 all other like empowered.

SIGNATURE: KREKEL GREEN

PD

02/25/2010

Electronic Signature of Signing Officer or Director

Date