

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766795

FILED  
Jan 07, 2011  
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: LEASURE, JO ANN  
Address: 3458 HANCOCK BRIDGE PKWY #166  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: D  
Name: LEDFORD, J BRIAN  
Address: 3462 HANCOCK BRIDGE PKWY #131  
City-St-Zip: NORTH FT MYERS, FL 33903

Title: VD  
Name: KENYON, RAYMOND (BUD)  
Address: 3458 HANCOCK BRIDGE PKWY #251  
City-St-Zip: NORTH FORT MYERS, FL 33903

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

Title: STD  
Name: HOSMER, H C (BUTCH)  
Address: 3462 HANCOCK BR. PKWY #225  
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: JO ANN LEASURE

PD

01/07/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date