2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02371

FILED Mar 11, 2008 Secretary of State

Entity Name: PARKWAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

5024 CHIQUITA BLVD CAPE CORAL, FL 33914 US

Current Mailing Address: New Mailing Address:

C/O SILVERCRESTED MGT INC C/O SILVERCRESTED MANAGEMENT LLC

P O BOX 1848 P O BOX 1848 FORT MYERS, FL 33902 FORT MYERS, FL 33902

FEI Number: 59-2471604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

SILVERCRESTED MGT INC SILVERCRESTED MANAGEMENT LLC

3440 MARINATOWN LANE 3440 MARINATOWN LANE

206 203

FORT MYERS, FL 33903 US NORTH FORT MYERS, FL 33903 US

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: LEE J. VAN TILBURG 03/11/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

US

() Delete (X) Change () Addition BURNS, CARL BELLUCCI, MADELINE Name: Name:

5027 SW 16TH PL # F102 Address: 5028 CHIQUITA BLVD B101 Address: City-St-Zip: CAPE CORAL, FL 33914 US City-St-Zip: CAPE CORAL, FL 33914 US

(X) Change () Addition Title: PD Title: () Delete O'BRIEN, JANICE Name: O'BRIEN, JANICE Name:

Address: 241 SE 44TH ST Address: 124 SE 45TH TERRACE City-St-Zip: CAPE CORAL, FL 33904 US City-St-Zip: CAPE CORAL, FL 33904 US

Title: () Delete Title: (X) Change () Addition PARISH, LUCILLE RAUGHLEY, ROBERT

Name: Name: 5945 COUNTRY WAY 1631 NE 36TH LANE Address: Address: City-St-Zip: NEW PALESTINE, IN 46163 City-St-Zip: CAPE CORAL, FL 33909

Title: () Delete Title: ST (X) Change () Addition

LUBANSKI, MILLIE Name: Name: PARISH, RICHARD 1609 SW 51 ST #D202 5945 W COUNTRY WAY Address: Address: City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip: NEW PALESTINE, IN 46163

Title: () Delete Title: (X) Change () Addition

BURNS, BEVERLY TIGHE, JANE Name: Name: 5027 SW 16TH PL #F102 31 BEDFORD AVE Address: Address: WORCESTER, MA 01604 City-St-Zip: CAPE CORAL, FL 33914 City-St-Zip:

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: JANICE O'BRIEN PD 03/11/2008