2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N02371

Entity Name: PARKWAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5024 CHIQUITA BLVD
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

C/O SILVERCRESTED MANAGEMENT LLC
P O BOX 1848
FORT MYERS, FL 33902 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3440 MARINATOWN LANE
203
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

SILVERCRESTED MANAGEMENT LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
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: CHAD VAN TILBURG 03/03/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: BELLUCCI, MADELINE
Address: 5028 CHIQUITA BLVD B101
City-St-Zip: CAPE CORAL, FL 33914 US

Title: PD ( ) Delete
Name: O'BRIEN, JANICE
Address: 124 SE 45TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D ( ) Delete
Name: RAUGHLEY, ROBERT
Address: 1631 NE 36TH LANE
City-St-Zip: CAPE CORAL, FL 33909

Title: ST (X) Delete
Name: PARISH, RICHARD
Address: 5945 W COUNTRY WAY
City-St-Zip: NEW PALESTINE, IN 46163

Title: D (X) Delete
Name: TIGHE, JANE
Address: 31 BEDFORD AVE
City-St-Zip: WORCESTER, MA 01604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BELLUCCI, MADELINE
Address: 5028 CHIQUITA BLVD B101
City-St-Zip: CAPE CORAL, FL 33914 US

Title: VD (X) Change ( ) Addition
Name: O'BRIEN, JANICE
Address: 151 SE 16TH STREET
City-St-Zip: CAPE CORAL, FL 33990 US

Title: STD (X) Change ( ) Addition
Name: TIGHE, JANE
Address: 31 BEDFORD AVE
City-St-Zip: WORCESTER, MA 01604

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: MADELINE BELLUCCI PD 03/03/2009
Electronic Signature of Signing Officer or Director Date