


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90050 048 ****61.25

DOCUMENT # N03000010113	
1. Entity Name PARKWAY POINTE ASSOCIATION, INC.	

Principal Place of Business 851 BUENAVENTURA BLVD. KISSIMMEE, FL 34743	Mailing Address 851 BUENAVENTURA BLVD. KISSIMMEE, FL 34743
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2. Principal Place of Business 780 Buenaventura Blvd Suite, Apt. #, etc.	3. Mailing Address 780 Buenaventura Blvd Suite, Apt. #, etc.
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01132005 Chg-NP CR2E037 (10/03)

City & State Kissimmee, FL	City & State Kissimmee, FL
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4. FEI Number 59-8685293	Applied For <input type="checkbox"/> Not Applicable
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Zip 34743	Country	Zip 34743	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SOLOMON, MICHAEL J 851 BUENAVENTURA BLVD. KISSIMMEE, FL 34743	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 780 Buenaventura Blvd City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Michael J. Solomon 1/17/05
Signature typed or printed Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME SOLOMON, MICHAEL J	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 851 BUENAVENTURA BLVD.	CITY-ST-ZIP KISSIMMEE, FL 34743		
TITLE VSTD	NAME SOLOMON, LORI A	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 851 BUENAVENTURA BLVD.	CITY-ST-ZIP KISSIMMEE, FL 34743		
TITLE D	NAME MOORE, PATRICIA G	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 851 BUENAVENTURA BLVD.	CITY-ST-ZIP KISSIMMEE, FL 34743		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Solomon 1/17/05 407-48-7522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #