2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State
05-10-2006 90096 007 ****61.25

DOCUMENT # N05000003255

1. Entity Name
PARKWAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

b00376d4

Principal Place of Business	Mailing Address
25110 BERNWOOD DR - STE 101 BONITA SPRINGS, FL 34135	25110 BERNWOOD DR - STE 101 BONITA SPRINGS, FL 34135

04272006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
595 Bay Isles Rd.	595 Bay Isles Rd.
Suite, Apt. #, etc.: Ste 200	Suite, Apt. #, etc.: Suite 200
City & State: Longboat Key, FL	City & State: Longboat Key, FL
Zip: 34228 Country:	Zip: 34228 Country:

4. FEI Number 20-2617857 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SVOBODA, BRITT E
25110 BERNWOOD DR - STE 101
BONITA SPRINGS, FL 34135

7. Name and Address of New Registered Agent

Nam
Stree **Beth Callans Management Corp.**
595 Bay Isles Road Suite: 200
City **Longboat Key, FL 34228** Zip Code

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 Britt Callans 5.1.06
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, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD SVOBODA, BRIT E 25110 BERNWOOD DR - STE 101 BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Mroz, Ken 5219 Sand Lake Crt Sarasota, FL 34238	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD RASMUS, MARK K 25110 BERNWOOD DR - STE 101 BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Taylor, Martha 1315 Hidden Harbor Way Sarasota, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CRAWFORD, WALTER 25110 BERNWOOD DR - STE 101 BONITA SPRINGS, FL 34135	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Babcock, Charles 619 Waterside Way Sarasota, FL 34242	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Szabo, Dave 803 Riviera Dunes Way Palmetto, FL 34221	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature] 05/04/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #