
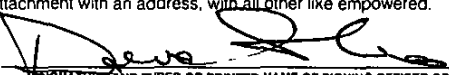


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90177 022 \*\*\*\*61.25

<b>DOCUMENT # N05000003255</b>					
<b>1. Entity Name</b> PARKWAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228			<b>Mailing Address</b> 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-2617857	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  BETH CALLANS MANAGEMENT CORP. 595 BAY ISLES RD STE 200 LONGBOAT KEY, FL 34228			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> MROZ, KEN	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5219 SAND LAKE CT	SARASOTA, FL 34238		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> STD	<b>NAME</b> TAYLOR, MARTHA	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1315 HIDDEN HARBOR WAY	SARASOTA, FL 34242		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> D	<b>NAME</b> BABCOCK, CHARLES	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 619 WATERSIDE WAY	SARASOTA, FL 34242		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b> D	<b>NAME</b> SZABO, DAVE	<input type="checkbox"/> Delete	<b>TITLE</b> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 803 RIVIERA DUNES WAY	PALMETTO, FL 34221		<b>STREET ADDRESS</b>	CITY-ST-ZIP	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	STREET ADDRESS		<b>NAME</b>	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	STREET ADDRESS		<b>NAME</b>	STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> Delete		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			4/12/07 941 282 355		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		