

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90061 021 ****61.25

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



Principal Place of Business
595 BAY ISLES RD
STE 200
LONGBOAT KEY, FL 34228

Mailing Address
595 BAY ISLES RD
STE 200
LONGBOAT KEY, FL 34228

DO NOT WRITE IN THIS SPACE



01072008 No Chg-NP CR2E037 (4/06)

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

BETH CALLANS MANAGEMENT CORP.
595 BAY ISLES RD STE 200
LONGBOAT KEY, FL 34228

**DO NOT WRITE
IN THIS SPACE**

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

STEVE SPARKS

1-7-08

(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, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
TAYLOR, MARTHA
1315 HIDDEN HARBOR WAY
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BABCOCK, CHARLES
619 WATERSIDE WAY
SARASOTA, FL 34242

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SZABO, DAVE
803 RIVIERA DUNES WAY
PALMETTO, FL 34221

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

STEVE SPARKS

1/7/08 941-387-3443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #