2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2007
Secretary of State

DOCUMENT# N06000008556

Entity Name: PARKWAY BUSINESS COMPLEX NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4075 OLD SETTLEMENT RD.
MERRITT ISLAND, FL

New Principal Place of Business:

3401 N. COURTENAY PKWY
MERRITT ISLAND, FL 32953

Current Mailing Address:

4075 OLD SETTLEMENT RD.
MERRITT ISLAND, FL

New Mailing Address:

PO BOX 541725
MERRITT ISLAND, FL 32954

FEI Number: 20-5559473 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOILEAU, JOHN L ESQ.
3490 N. HWY. US 1
COCOA, FL 32926 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WEFERIF, ED
Address: P. O. BOX 541725
City-St-Zip: MERRITT ISLAND, FL 32954

Title: VD ( ) Delete
Name: WEFERIF, DAN
Address: P. O. BOX 541725
City-St-Zip: MERRITT ISLAND, FL 32954

Title: VD ( ) Delete
Name: WEFERIF, DAN
Address: P. O. BOX 541725
City-St-Zip: MERRITT ISLAND, FL 32954

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: WILLIAM BUBBERS CPA 07/05/2007

Electronic Signature of Signing Officer or Director — Date