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Jun 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34406** (1)

1. Corporation Name

PARKWAY PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O MARK FEINSTEIN ESQUIRE
290 NW 165TH ST. PH-4
MIAMI FL 33169

C/O MARK FEINSTEIN ESQUIRE
290 NW 165TH ST. PH-4
MIAMI FL 33169-6457



3. Date Incorporated or Qualified
09/28/1989

3a. Date of Last Report
02/05/1996

4. FEI Number
65-0163066

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 21 901 Odder Tech Suite, Apt. #, etc. 22 13198 NW 4th St. 306 City & State 23 Summit FL Zip 24 33025	2a. Mailing Address 26 901 Odder Tech Suite, Apt. #, etc. 27 13198 NW 4th St. 306 City & State 28 Summit FL Zip 29 33025	Country 25 USA	Country 30 USA
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEINSTEIN, MARK
290 NW 165 ST.
PENTHOUSE 4
MIAMI FL 33169

81 Name KAYE & ROGER, P.A., ROBERT KAYE, PRES
82 Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6 WAY #103
83
84 City FT Lauderdale
85 Zip Code FL 33309

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Robert Kaye
Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when re-stating)

DATE

4-21-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	FEINSTEIN, ERIC	1.2 NAME	William H. Johnson
STREET ADDRESS	290 NW 165TH ST, PH-4	1.3 STREET ADDRESS	2662 Nelson Hunt
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Weston, FL 33332
TITLE	D	2.1 TITLE	Vice President
NAME	FEINSTEIN, MARK	2.2 NAME	Robert Fields
STREET ADDRESS	290 NW 165TH ST, PH-4	2.3 STREET ADDRESS	3220 Douglas Rd.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33025
TITLE	SD	3.1 TITLE	Treasurer
NAME	FIELDS, ROBERT	3.2 NAME	William H. Johnson
STREET ADDRESS	3220 DOUGLAS ROAD	3.3 STREET ADDRESS	2662 Nelson Hunt
CITY-ST-ZIP	MIRAMAR FL 33025	3.4 CITY-ST-ZIP	Weston, FL 33332
TITLE	VD	4.1 TITLE	Secretary
NAME	JOHNSON, CAROLYN	4.2 NAME	Gloria Blalock
STREET ADDRESS	9000 W. SHERIDAN STREET, SUITE 156	4.3 STREET ADDRESS	3220 Douglas Rd.
CITY-ST-ZIP	PEMBROKE PINES FL 33024	4.4 CITY-ST-ZIP	Miami, FL 33025
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13, as changed, or on an attached report with an address.

SIGNATURE: *William H. Johnson* DATE: **4-21-97**

CR2E037 (9/96)