

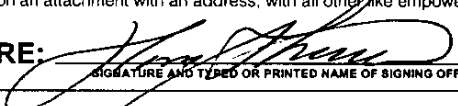


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 013 ****61.25

DOCUMENT # N36076 1. Entity Name PARKWAY EAST CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O PROFESSIONALLY YOURS INC 4342 SE 46TH LANE #3 CAPE CORAL, FL 33904 US <i>See below</i>			Mailing Address C/O PROFESSIONALLY YOURS INC PO BOX 100831 CAPE CORAL, FL 33910 US		
2. Principal Place of Business 2517 Santa Barbara Blvd., #11 Cape Coral, FL 33914			3. Mailing Address Site, Apt. #, etc. City & State		
Zip Country US		Zip Country		4. FEI Number 65-0242128	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TEAGUE, GEORGE PROFESSIONALLY YOURS, INC 2517 Santa Barbara Blvd., #11 Cape Coral, FL 33904			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
I am familiar with, and accept the obligations of the registered agent, and the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD ORR, LOUIS H III 1614 BEACH PKWY PH15 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP James Buckingham 24818 E. Cedar Lake Dr. New Prague MN 56071 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AHRENS, ROGER 12 PEACHTREE DRIVE MONTVILLE, NY 07045 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roger Ahrens <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINEHAN, TERENCE 1614 BEACH PKWY., #103 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETZ, FREDERICK 1614 BEACH PKWY #207 CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MCQUAID, LARRY 8177 CHERI DRIVE SOUTH BELOIT, IL 61080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  4/1/06 Date 239-540-5424 Daytime Phone #					