


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004531 (9)**
1. Corporation Name
PARKWAY CENTER PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business
**1800 MISTY PINE CIRCLE UNIT P-101
NAPLES FL 33942**

Mailing Address
**P. O. BOX 7997
NAPLES FL 33941
US**

3. Date Incorporated or Qualified 09/12/1994	
4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. PO BOX 21842
22. City & State	27. Suite, Apt. #, etc.
23. Zip	28. City & State CHATTANOOGA TN.
24. Country	29. Zip 37424
	30. Country HAMILTON

9. Name and Address of Current Registered Agent GRANT, THOMAS L 1600 MISTY PINE CIRCLE UNIT P-101 NAPLES FL 33942	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 85. Zip Code
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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 *Thomas L Grant* 1-20-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE 2121 COUNTY ROAD 951	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAMICO, BRADLEY T		1.2 NAME	
STREET ADDRESS 4725 COUNTY ROAD 951		1.3 STREET ADDRESS	
CITY-ST-ZIP GOLDEN GATE FL 33999		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE 34116	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRANT, THOMAS L		2.2 NAME	
STREET ADDRESS 1600 MISTY PINE CIRCLE UNIT 101		2.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33942		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CINANORA, SAL		3.2 NAME	
STREET ADDRESS 1541 LA COSTA DR. E.		3.3 STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33027		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MONIZ, ALAN		4.2 NAME	
STREET ADDRESS 160 27TH ST. N.W.		4.3 STREET ADDRESS	
CITY-ST-ZIP NAPLES FL 33942		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *Thomas L Grant* 1-20-97 423-855-8259
Signature, typed or printed name of signing officer or director Date Daytime Phone # 0061272

CR2E037 (10/97)