

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N26296

**Entity Name:** PARKWAY INTERNATIONAL OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

10600 W CHARLESTON BLVD  
LAS VEGAS, NV 89135

**Current Mailing Address:**

10600 W CHARLESTON BLVD  
LAS VEGAS, NV 89135 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            KOTOWICH, VICTOR  
Address        10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title            DIRECTOR, VP  
Name            DE GRAM, JANNIE  
Address        10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title            SECRETARY, TREASURER,  
DIRECTOR  
Name            KELLOWAN, SIMONE  
Address        10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title            DIRECTOR  
Name            HARTMAN, SHERI  
Address        10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

Title            DIRECTOR  
Name            BURNETT, ANDY  
Address        10600 W CHARLESTON BLVD  
City-State-Zip: LAS VEGAS NV 89135

*I hereby 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 all other like empowered.*

**SIGNATURE: VICTOR KOTOWICH**

**PRESIDENT**

**04/26/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date