## **2000 UNIFORM BUSINESS REPORT (UBR)**

changed, or on an atta

## Jun 19, 2000 8:00 am Secretary of State **DOCUMENT # 715800** 1. Entity Name PALM BAY TOWERS CONDOMINIUM ASSOCIATION, INCORPO 06-19-2000 90003 048 \*\*\*\*61.25 Principal Place of Business Mailing Address 720 NE 69TH ST. 720 NE 69TH ST. MIAMI FL 33138-5738 MIAMI FL 33138 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1417287 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Charles Barrella Color Street Address (P.O. Box Number is Not Acceptable) GANGUZZA, JOSEPH 150 W FLAGLER ST MUSEUM TOWER 27TH FL Zip Code City F۱ MIAM! FL 33130 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. $\overline{\mathcal{CG}}$ (X) Change ☐ Addition Delete TITLE TITLE BARBARA meyer NAME MEYER, BARBARA NAME 69 th ST 720 Ne STREET ADDRESS STREET ADDRESS 720 NE 69TH ST. CITY-ST-7IE 33138 CITY-ST-ZIP MARMI **MIAMI FL 33138** Addition DT Change TITLE DS Delete TITLE SADLER DON NAME STEIN: HERBERT NAME 720 NE 69TH ST STREET ADDRESS STREET ADDRESS 7<del>20 NE 69TH S</del>T. CITY-ST-ZIP FLORIDA CITY-ST-ZIP MIRONILIE MIAMI-FL 33138 ☐ Addition TITLE DP Delete TITLE Change NAME FLANDERS, ROBERT A NAME STREET ADDRESS 720 NE 69TH ST. STREET ADDRESS CITY-ST-ZIP City-ST-ZIP **MIAMI FL 33138** Change Addition TITLE DVP ☐ Delete TITLE MORIBER, LLOYD D NAME NAME STREET ADDRESS STREET ADDRESS 720 NE 69TH ST. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33138 ☐ Delete TITLE ☐ Change Addition TITLE KAPLAN, MORT NAME NAME STREET ADDRESS STREET ADDRESS 720 NE 69TH ST CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33138** ☐ Addition ☐ Change TITLE TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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 611 Florida Statutes; and that my name appears in Block 10 or Block 11 if

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