# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8

**FILED**
**Aug 25, 2004 8:00 am**
**Secretary of State**
08-13-2004 90070 023 ****61.25

DOCUMENT # 717692

1. Entity Name

SEACREST TOWERS CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1609 N. RIVERSIDE DR<br>POMPANO BCH FL 33062-3325 | 1609 N. RIVERSIDE DR<br>POMPANO BCH FL 33062-3325 |

MOORE CR2E037 (4/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-1494622 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MANNING, JAMES<br>1609 N. RIVERSIDE DR., #305<br>POMPANO BEACH FL 33062 | Name STRAUSS, LEE<br>Street Address (P.O. Box Number is Not Acceptable) 1609 N. RIVERSIDE DR. #903<br>City Pompano Bch FL Zip Code 33062 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE LEE STRAUSS 7/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | SD<br>NICHOLAS, RALPH<br>1609 N RIVERSIDE DR, #801<br>POMPANO BCH FL 33062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>AIKEN, ROBERT<br>1609 N RIVERSIDE DR, #501<br>POMPANO BCH FL 33062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>BUERK, JOSEPH<br>1609 N. RIVERSIDE DR., #205<br>POMPANO BCH FL 33062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LEVINE, AVORKA<br>1609 N. RIVERSIDE DR, #607<br>POMPANO BEACH FL 33062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MANNING, JAMES<br>1609 N RIVERSIDE DR #306<br>POMPANO BEACH FL 33062 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>STRAUSS, LEE<br>1609 N. RIVERSIDE DR. #903<br>Pompano Bch FL 33062 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 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:** Lee Strauss, Treas. 7/26/04 954-649-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #