

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 25, 2005 8:00 am
Secretary of State

07-25-2005 90099 006 ****61.25

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1. Entity Name

SEACREST TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1609 N. RIVERSIDE DR
POMPANO BCH FL 33062-3325

Mailing Address

1609 N. RIVERSIDE DR
POMPANO BCH FL 33062-3325



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/04)

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

STRAUSS, LEE
1609 N. RIVERSIDE DR., #802
POMPANO BEACH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 May 1, 2005

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

TITLE SD ☐ Delete
NAME NICHOLAS, RALPH
STREET ADDRESS 1609 N RIVERSIDE DR, #801
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE VPD ☐ Delete
NAME AIKEN, ROBERT
STREET ADDRESS 1609 N RIVERSIDE DR, #501
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE PD ☐ Delete
NAME BUERK, JOSEPH
STREET ADDRESS 1609 N. RIVERSIDE DR., #205
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE D ☒ Delete
NAME LEVINE, AVORKA
STREET ADDRESS 1609 N. RIVERSIDE DR, #607
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE TD ☐ Delete
NAME STRAUSS, LEE
STREET ADDRESS 1609 N RIVERSIDE DR #803
CITY-ST-ZIP POMPANO BEACH FL 33062

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME JAMES MANNING
STREET ADDRESS 1609 N. RIVERSIDE DR #306
CITY-ST-ZIP POMPANO BCH FL 33062

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE STRAUSS

Date

Daytime Phone #

7/12/05 954-679-4323