

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90022 037 ****61.25

DOCUMENT # 718087



1. Entity Name
JAMES CENTRAL TOWERS CONDOMINIUM, ASSOCIATION, INC.

Principal Place of Business
245 18TH ST
MIAMI BEACH, FL 33139-2038

Mailing Address
245 18TH ST
MIAMI BEACH, FL 33139-2038

54061464



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07062004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-1299143

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

AVALOS, ADELAIDE L
245 18TH ST.
APT. 405
MIAMI, FL 33139

Name **Evangelina Marrero**

Street Address (P.O. Box Number is Not Acceptable)
245 18th Street, #1001

Miami Beach, FL 33139

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

Evangelina Marrero

7/6/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing 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 Delete
 NAME **VD**
 APARICIO, FERNANDO
 STREET ADDRESS **245 18TH ST #605**
 CITY-ST-ZIP **MIAMI BEACH, FL**

TITLE Change Addition
 NAME **President**
Evangelina Marrero
 STREET ADDRESS **245-18th, #1001**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE Delete
 NAME **DB**
 CANCIO, ANGEL
 STREET ADDRESS **245 18TH ST #304**
 CITY-ST-ZIP **MIAMI BCH, FL 33139**

TITLE Change Addition
 NAME **Vice-President**
Richard Toder
 STREET ADDRESS **245-18th Street, #301**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE Delete
 NAME **SD**
 MILAN, MYRNA
 STREET ADDRESS **245 18TH ST. 905**
 CITY-ST-ZIP **MIAMI BEACH, FL 33134**

TITLE Change Addition
 NAME **Secretary**
Delva Jaque
 STREET ADDRESS **245-18th Street, #902**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **\$Treasurer**
Maria Fernandez
 STREET ADDRESS **245-18th Street, #602**
 CITY-ST-ZIP **Miami Beach, FL 33139**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

Evangelina Marrero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/04

Date

305 332 7685

Daytime Phone #