



2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 726246 1. Entity Name PHOENIX TOWERS CONDOMINIUM ASSOCIATION, INC.						FILED 06 APR 21 11:03					
Principal Place of Business 2800 N. OCEAN DRIVE RIVIERA BEACH, FL 33404		Mailing Address 2800 N. OCEAN DRIVE RIVIERA BEACH, FL 33404									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						04062006 Chg-NP CR2E037 (11/05)			
City & State		City & State						4. FEI Number 59-1452931			
Zip		Country		Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent			Applied For <input type="checkbox"/> Not Applicable			
KISER, CLARENCE 2800 NORTH OCEAN DRIVE SINGER ISLAND, FL 33404					Name PETER C. Mollengarden - Becker + Poliakoff, P.A. Street Address (P.O. Box Number is Not Acceptable) 625 N. W Flagler Dr. 7th Floor City West Palm Beach FL Zip Code 33401			<input type="checkbox"/>			
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 <u><i>Peter C. Mollengarden</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					DATE <u>4/6/06</u>			Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE LP <input type="checkbox"/> Delete NAME GRAVELLE, JOANNE STREET ADDRESS 23-B WESTPARK BLVD., DOLLARD DES ORMEAUX CITY-ST-ZIP QUEBEC, CA h9a 2i5					TITLE S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 700073988487 CITY-ST-ZIP 05/04/06--01019--024 **90.00						
TITLE D <input checked="" type="checkbox"/> Delete NAME WITTMANN, GEORGE STREET ADDRESS 37 CHANNEL ROAD CITY-ST-ZIP TOMS RIVER, NJ 08753					TITLE D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME CHARLES GROSS STREET ADDRESS 525 RICHLYN DRIVE CITY-ST-ZIP ADRIAN, MI 49221						
TITLE VP <input type="checkbox"/> Delete NAME ROMANSKY, RICHARD STREET ADDRESS 2800 N OCEAN DR APT B-9B CITY-ST-ZIP SINGER ISLAND, FL 33404					TITLE T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME LLOYD STEVENS STREET ADDRESS 313-250 SYDENHAM STREET CITY-ST-ZIP LONDON, ONTARIO N6A-5S1						
TITLE D <input checked="" type="checkbox"/> Delete NAME KUBIAK, ED STREET ADDRESS 2800 N OCEAN DR APT B05B CITY-ST-ZIP SINGER ISLAND, FL 33404					TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME ROGER LATA STREET ADDRESS 2800 N. OCEAN DRIVE APT. A19C CITY-ST-ZIP SINGER ISLAND, FL, 33404						
TITLE S <input type="checkbox"/> Delete NAME KISER, CLARENCE STREET ADDRESS 2800 N OCEAN DR APT B17B CITY-ST-ZIP SINGER ISLAND, FL 33404					TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP						
TITLE D <input type="checkbox"/> Delete NAME CHARBONNEAU, AL STREET ADDRESS 1550 GORDON ST, UNIT 41 CITY-ST-ZIP GUELPH, ONTARIO, n1c 1c7					TITLE NAME STREET ADDRESS CITY-ST-ZIP B 4/24/04						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Roger E. Lata</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					DATE <u>4/11/06</u>			Daytime Phone #			