

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2007 8:00 am
Secretary of State

03-06-2007 90004 015 ****61.25

DOCUMENT # 745785

1. Entity Name
25 BAY TOWER ASSOCIATION, INC.



Principal Place of Business
175 SE 25 RD.
MIAMI, FL 33129 US

Mailing Address
C/O C.P.M. CORP
170 OCEAN LN DR
KEY BISCAYNE, FL 33149 US

40029962



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1907080

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

SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 D ☐ Delete
NAME GENO, MANNY
STREET ADDRESS 175 SE 25TH ROAD
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME ZIEGENHART, SALVADOR
STREET ADDRESS 175 SE 25 RD., UNIT 10F
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LOPEZ, HILDA
STREET ADDRESS 175 SE 25TH RD., UNIT #8B
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME ARENSON, MADELINE
STREET ADDRESS 175 S.E. 25TH ROAD, #8E
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RAFAEL, LOVI
STREET ADDRESS 175 S.E. 25TH ROAD, #2B
CITY-ST-ZIP MIAMI, FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME GONZALEZ, ANGELO
STREET ADDRESS 175 SE 25TH RD UNIT 2A
CITY-ST-ZIP MIAMI, FL 33129

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-22-07 305-361-9602