

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90020 029 ****70.00

DOCUMENT # 753085

1. Entity Name

THE TOWER AT PORT ROYALE CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

3200 PORT ROYALE DRIVE NORTH
 FT. LAUDERDALE FL 33308

3200 PORT ROYALE DRIVE NORTH
 FT. LAUDERDALE FL 33308-7809

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

59-2096190

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BECKER & POLIAKOFF
 EMERALD LAKE CORPORATE PARK
 3111 STIRLING ROAD
 FT. LAUDERDALE FL 33312-6525**

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.

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**

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME	TITLE	NAME
PD	SCHLITTEN, ARTHUR		
3200 PT. ROYALE, DRIVE, NORTH	FT. LAUDERDALE FL		
VD	SFARZO, STEPHAN		
3200 PORT ROYALE DR N	FT. LAUDERDALE FL 33308		
SD	HASS, ROBERT		
3200 PORT ROYALE DR N	FT LAUDERDALE FL 33308		
TD	HYDEN, STUART		
3200 PORT ROYALE DR N	FT. LAUDERDALE FL 33308		
D	WIENER, ETHELIND		
3200 PORT ROYALE DR N	FT. LAUDERDALE FL 33308		
D	MARTIN, GENE		
3200 PT. ROYALE DRIVE, N.	FORT LAUDERDALE FL 33308		

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: ARTHUR SCHLITTEN **REQUIRE** 4/19/00 954-971-1711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)