

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90307 019 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2096190

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

**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

TITLE NAME	PD SCHLITTEN, ARTHUR	<input type="checkbox"/> Delete
STREET ADDRESS	3200 PT. ROYALE, DRIVE, NORTH	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE NAME	VD SFARZO, STEPHAN	<input type="checkbox"/> Delete
STREET ADDRESS	3200 PORT ROYALE DR N	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE NAME	SD HASS, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	3200 PORT ROYALE DR N	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE NAME	TD HYDEN, STUART	<input type="checkbox"/> Delete
STREET ADDRESS	3200 PORT ROYALE DR N	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE NAME	D WIENER, ETHELIND	<input type="checkbox"/> Delete
STREET ADDRESS	3200 PORT ROYALE DR N	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE NAME	D MARTIN, GENE	<input type="checkbox"/> Delete
STREET ADDRESS	3200 PT. ROYALE DRIVE, N.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

TITLE NAME	DIRECTOR CAPORCEFALO, THOMAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3200 PORT ROYALE DRIVE NORTH	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED

Pres

2/21/01

954-776-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)