

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90124 048 \*\*\*\*61.25

UNIFORM

**DOCUMENT # 753085**

1. Entity Name

**THE TOWER AT PORT ROYALE CONDOMINIUM ASSOCIATION, INC.**

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



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

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

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS CAPOCEFAIO	
STREET ADDRESS	3200 PORT ROYALE DRIVE N	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN SFARZO	
STREET ADDRESS	← SAME	
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, ROBERT	
STREET ADDRESS	← SAME	
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DERIENZO, F. MICHAEL	
STREET ADDRESS	3200 PORT ROYALE DRIVE N.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHWEITZER, CHARLES	
STREET ADDRESS	3200 PORT ROYALE DRIVE N.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

**SIGNATURE REQUIRED**

2/26/02

954/776-0233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (9/01)