


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 753085</b> 1. Entity Name <b>THE TOWER AT PORT ROYALE CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>3200 PORT ROYALE DRIVE NORTH FT. LAUDERDALE, FL 33308</b>	Mailing Address <b>3200 PORT ROYALE DRIVE NORTH FT. LAUDERDALE, FL 33308</b>
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01182006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2096190</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ESPOSITO, THOMAS 3200 PT. ROYALE, DRIVE, NORTH FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SFARZO, STEPHEN 3200 PORT ROYALE DR N FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HASS, ROBERT 3200 PORT ROYALE DR N FT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHWEITZER, CHARLES 3200 PORT ROYALE DR N FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WIENER, ETHELIND 3200 PORT ROYALE DR N FT. LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DI IORIO, ROCCO 3200 PORT ROYALE DRIVE FORT LAUDERDALE, FL 33308

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02/06/06-80018-007 61.25

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:**  **1/25/06** **954-776-0233**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #