


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90015 024 ****61.25

DOCUMENT # 753085							
1. Entity Name THE TOWER AT PORT ROYALE CONDOMINIUM ASSOCIATION, INC.							
Principal Place of Business 3200 PORT ROYALE DRIVE NORTH FT. LAUDERDALE, FL 33308			Mailing Address 3200 PORT ROYALE DRIVE NORTH FT. LAUDERDALE, FL 33308				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2096190			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE _____			DATE _____				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VP	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ESPOSITO, THOMAS		NAME	TURLEY, WALTER F.			
STREET ADDRESS	3200 PT. ROYALE, DRIVE, NORTH		STREET ADDRESS	3200 PORT ROYALE DR. N. # 1909			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		CITY-ST-ZIP	FT. LAUDERDALE, FL 33308			
TITLE	PD D	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SFARZO, STEPHEN		NAME	SCHIRMER, SUSAN			
STREET ADDRESS	3200 PORT ROYALE DR N		STREET ADDRESS	3200 PORT ROYALE DR. N. # 1008			
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP	FT. LAUDERDALE, FL 33308			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HASS, ROBERT		NAME	COSTANTINO, Gloria			
STREET ADDRESS	3200 PORT ROYALE DR N		STREET ADDRESS	3200 PORT ROYALE DR. N. # 202			
CITY-ST-ZIP	FT LAUDERDALE, FL 33308		CITY-ST-ZIP	FT. LAUDERDALE, FL 33308			
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHWEITZER, CHARLES		NAME				
STREET ADDRESS	3200 PORT ROYALE DR N		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP				
TITLE	SD D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIENER, ETHELIND		NAME				
STREET ADDRESS	3200 PORT ROYALE DR N		STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DI IORIO, ROCCO		NAME				
STREET ADDRESS	3200 PORT ROYALE DRIVE		STREET ADDRESS				
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		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: <u>Walter F. Turley</u>			WALTER F. TURLEY 3/15/08				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				
			Daytime Phone #				