

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753085

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** THE TOWER AT PORT ROYALE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

3200 PORT ROYALE DRIVE NORTH  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

3200 PORT ROYALE DRIVE NORTH  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 59-2096190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SACHS, SAX AND CAPLAN ATTORNEYS AT LAW  
6111 BROKEN SOUND PARKWAY NW  
SUITE #200  
BOCA RATON, FL 33487 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HASS, ROBERT  
Address: 3200 PORT ROYALE DR. N. #1101  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP  
Name: GALLIGAN, BRIAN  
Address: 3200 PORT ROYALE DR. N. #408  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: S  
Name: SHAHEEN, MICHAEL  
Address: 3200 PORT ROYALE DR. N. #504  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: T  
Name: DEARMAS, WILLIAM  
Address: 3200 PORT ROYALE DR. N. #1106  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D  
Name: RAO-DOCKSTADER, JOAN  
Address: 3200 PORT ROYALE DR. N. #406  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D  
Name: SCHIRMER, SUSAN  
Address: 3200 PORT ROYALE DR. N. #1008  
City-St-Zip: FT. LAUDERDALE, FL 33308

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BOB HASS

P

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date