


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 769720 1. Entity Name TOWER MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 9861 S.W. 184TH STREET MIAMI, FL 33157	Mailing Address 9861 S.W. 184TH STREET MIAMI, FL 33157
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01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2778217	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

BREDER, JOHN C
 C/O BREDER MANAGEMENT CORP.
 9861 S.W. 184TH STREET
 MIAMI, FL 33157

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 _____ 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, 2005

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

U00000211724
 02/02/05-80130-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TERZIAN, NELSON 151 NW 11TH ST. W-301 HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLD, COREY 151 NW 11TH ST. E-202 HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASSNER, RONALD S 151 NW 11TH ST. E-304 HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *John C. Bremer* Date: 2-1-05 Daytime Phone #: 305-251-1520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR