
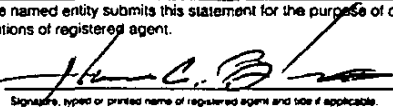
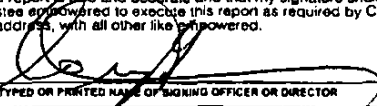


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 29, 2006 8:00 am**  
**Secretary of State**

06-02-2006 90004 019 \*\*\*\*61.25

<b>DOCUMENT # 769720</b>			
1. Entity Name TOWER MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 9861 S.W. 184TH STREET MIAMI, FL 33157		Mailing Address 9861 S.W. 184TH STREET MIAMI, FL 33157	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2778217		Applied For <input type="checkbox"/> Not Applicable	
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	
BREder, JOHN C C/O BREder MANAGEMENT CORP. 9861 S.W. 184TH STREET MIAMI, FL 33157		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 5/1/06	
Filing Fee is \$81.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TERZIAN, NELSON 151 NW 11TH ST. W-301 HOMESTEAD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLD, COREY 151 NW 11TH ST. E-202 HOMESTEAD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASSNER, RONALD S 151 NW 11TH ST. E-304 HOMESTEAD, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 6/26/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

66021074



05242008 Chg-NP CR2E037 (4/06)

ATTACHMENT

**IMPORTANT INSTRUCTIONS**

ATTACHMENT 66021074  
# 769720

- Make check payable to Florida Department of State.  
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- The fee to file the not-for-profit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

ACCOUNT 5450  
APPR'D ML  
CHG. TO TOW  
CHK# 769720 DATE 5/1 AMT. 61.25

ENTERED JAN 20 2006

**Mail completed report to:**

Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

**Courier Address: (overnight delivery)**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Questions?**

Phone: (850) 245-6056  
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

**INFORMATION REGARDING RETURNED CHECK**

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.