



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 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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DO NOT WRITE IN THIS SPACE

	
01112008 No Chg-NP	CR2E037 (4/06)
4. FEI Number 59-2778217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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, 2008

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	ST LOPEZ LUCIANO, LUISA 151 NW 111 ST E 304 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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/15/08-80034-012 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: *John C. Breder* 3/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #