


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90038 041 ****61.25

DOCUMENT # 770884 1. Entity Name TOWERS NORTH CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2200 NW 102 AVE STE 5 MIAMI, FL 33172 US			Mailing Address 2200 NW 102 AVE STE 5 MIAMI, FL 33172 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2701754	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SPN GROUP INC 2200 NW 102 AVE #5 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2006			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 NAME STREET ADDRESS CITY-ST-ZIP	PD BAUTISTA, EMILIA 8095 SW 8TH ST #212 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Emilia Bautista 8095 NW 8th St Miami FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CANDEAU, PEDRO 10380 SW 68 LANE MIAMI, FL 33173	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elia Lozano 8095 NW 8th St Miami FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TERCEDO, FELIX 8095 NW 8 ST, #301 MIAMI, FL 33126	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dominguez, Janeiro 8095 NW 8th St # 211 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NESTOR, VARGAS 8095 NW 8TH ST #212 MIAMI, FL 33126	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marina R. Guzman 8095 NW 8th St # 410 Miami, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVP RODRIGUEZ, ANGEL J 8095 NW 8TH ST., #407 MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
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>Emilia Bautista</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-1-06 (305) 456-0747 <small>Date Daytime Phone #</small>	