

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90126 031 ****61.25

90126040



06062007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2701754 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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 - No P.O. Box #
4744 NW 114 AVE

3. Mailing Address
4744 NW 114 AVE

Suite, Apt. #, etc.
105

Suite, Apt. #, etc.
105

City & State
DORAL, FL

City & State
DORAL, FL

Zip
33178

Country
Miami-Dade

Zip
33178

Country
Miami-Dade

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 Dennis J. Eisinger

Street Address (P.O. Box Number is Not Acceptable)

4000 Hollywood Blvd

Presidential Circle Suite 2655

City Hollywood

FL

Zip Code 33021

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

Dennis Eisinger

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAUTISTA, EMILIA	
STREET ADDRESS	8095 NW 8 ST	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	S	<input type="checkbox"/> Delete
NAME	LOZANO, ELIA	
STREET ADDRESS	8095 NW 8TH ST	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	TERCEDO, FELIX	
STREET ADDRESS	8095 NW 8 ST, #301	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	T	<input type="checkbox"/> Delete
NAME	DOMINQUEZ, JANEIRO	
STREET ADDRESS	8095 NW 8TH ST #211	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZMAN, MARINA	
STREET ADDRESS	8095 NW 8TH ST #410	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rodriguez, Oswaldo	
STREET ADDRESS	8095 NW 8th St #201	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lombillo Benito	
STREET ADDRESS	8095 SW 8th St #211	
CITY-ST-ZIP	Miami, FL 33126	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Candau, Pedro J.	
STREET ADDRESS	10380 SW 68 Lane	
CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Emilia Bautista

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-18-07 746 346-2110

Date

Daytime Phone #