

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90288 017 ****61.25

DOCUMENT # N00000007623

1. Entity Name

TOWERS GRANDE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2055 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118	Mailing Address 2055 SOUTH ATLANTIC AVE DAYTONA BEACH SHORES FL 32118
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <i>285 W. Dundee Rd.</i> Suite, Apt. #, etc.
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City & State <i>Palatine Illinois</i>	4. FEI Number 59-3684989	Applied For <input type="checkbox"/> Not Applicable
Zip <i>60074</i>	Country <i>US</i>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THURLOW, ROBERT S
415 CANAL STREET
NEW SMYRNA BEACH FL 32168**

Name *Anthony DiMucci*
 Street Address (P.O. Box Number is Not Acceptable)
3422 S. Atlantic Ave.
 City *Daytona Beach Shores* **FL** Zip Code *32118*

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.

SIGNATURE *Anthony DiMucci* *Kristine R...*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
FEE IS \$61.25**

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

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMUCCI, ANTHONY 100 WEST DUNDEE ROAD PALATINE IL 60067 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIHLEN, SID 200 N PARKK AVE STE 200 SANFORD FL 32771 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORFOLK, PENNY 3422 S. ATLANTIC AVE DAYTONA BEACH SHORES FL 32118 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 attached schedule with authority to be empowered.

SIGNATURE *Anthony DiMucci*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)