


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90284 048 ****61.25

DOCUMENT # N00000007623
 1. Entity Name
TOWERS GRANDE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2055 SOUTH ATLANTIC AVE **285 W DUNDEE RD**
DAYTONA BEACH SHORES, FL 32118 **PALATINE, IL 60074**

94054753



DO NOT WRITE IN THIS SPACE

03152004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3684989	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIMUCCI, ANTHONY
285 W DUNDEE RD
DAYTONA BEACH, FL 32118

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B. 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, 2004

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	D DIMUCCI, ANTHONY 100 WEST DUNDEE ROAD PALATINE, IL 60067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VIHLEN, SID 200 N PARKK AVE STE 200 SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PREWITT, SCOTT 3522 S. ATLANTIC AVE. DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 attachment with an address, with all other like empowered.

SIGNATURE:  **3-17-04** **847-991-4400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #