

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # N02000000700

1. Entity Name
LAKE TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**765 CRANDON BLVD
KEY BISCAYNE, FL 33149**

Mailing Address
**753 CRANDON BLVD
KEY BISCAYNE, FL 33149**



02162007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
02-0546997

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE, #1102
CORAL GABLES, FL 33134**

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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 _____

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000656352
03/14/07-80022-004 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
LEVINE, JERROLD
765 CRANDON BLVD # 502
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
RODRIGUEZ, HERNAN
765 CRANDON BLVD
KEY BISCAYNE, FL 33149**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
DE ROODE, FREDERIK
765 CRANDON BLVD # 407
KEY BISCAYNE, FL 33149**

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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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frederick De Roode 3/1/07

Date

Daytime Phone #

305-365-2822