FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
03 OCT 27 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000000700

1. Entity Name
Lake Tower Condominium Association, Inc.

DO NOT WRITE IN THIS SPACE

REINSTATEMENT DO NOT WRITE IN THIS SPACE 03

2. Principal Place of Business	3. Mailing Address
765 Crandon Blvd.	753 Crandon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip: 33149 Country: USA	Zip: 33149 Country: USA

4. FEI Number: 02-0546997 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WSKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE, #1102

Blvd., Ste 200

City: Coral Gables FL Zip Code: 33134

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] 10-13-03
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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/P Jerrold Levine 765 Crandon Blvd., Key Biscayne, FL 33149	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Gary Soren 765 Crandon Blvd., Key Biscayne, FL 33149	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	700024104737 10/27/03--01025--026 **558.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T Marc Cabrera 765 Crandon Blvd., Key Biscayne, FL 33149	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	10/29
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Pres 10-10-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #