# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 30, 2004 8:00 am**
**Secretary of State**
08-30-2004 90010 041 ****70.00

DOCUMENT # N03000005955

1. Entity Name
MILLENNIUM TOWER RESIDENCES CONDOMINIUM ASSOCIATION,

| Principal Place of Business | Mailing Address |
|---|---|
| 1111 BRICKELL AVENUE<br>SUITE 2300<br>MIAMI, FL 33131 | 1111 BRICKELL AVENUE<br>SUITE 2300<br>MIAMI, FL 33131 |

07282004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1435 Brickell Ave | 1435 Brickell Ave. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, FL | City & State: Miami, FL |
| Zip: 33131 Country: USA | Zip: 33131 Country: USA |

4. FEI Number 11-3696915 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

COSTELLO, JERRY
1111 BRICKELL AVENUE
SUITE 2300
MIAMI, FL 33131

**7. Name and Address of New Registered Agent**

Name: Olivia Douglas
Street Address (P.O. Box Number is Not Acceptable): 1435 Brickell Avenue
City: Miami FL Zip Code: 33131

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: Olivia Douglas
Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when reinstating)
DATE: 8/19/04

**Filing Fee is $61.25**
**Due by September 8, 2004**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>COSTELLO, JERRY<br>1995 BROADWAY<br>NEW YORK, NY 10023 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Douglas, Olivia<br>1995 Broadway<br>New York, NY 10023 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BERGER, MARK<br>1995 BROADWAY<br>NEW YORK, NY 10023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>DAVENPORT, LAUREN<br>1995 BROADWAY<br>NEW YORK, NY 10023 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>Press, Amy<br>1995 Broadway<br>New York, NY 10023 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>MOONEY, CRAIG<br>1995 BROADWAY<br>NEW YORK, NY 10023 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Luckey, Ashay<br>1995 Broadway<br>New York, NY 10023 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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 attachment with an address, with all other like empowered.

**SIGNATURE:** 8.19.04 2128759906
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #