

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State


02-05-2007 90106 001 ****61.25

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1. Entity Name
CARIBBEAN TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2450 N.E. MIAMI GARDENS DRIVE
~~2ND FLOOR~~
NORTH MIAMI BEACH, FL 33180

Mailing Address
2450 N.E. MIAMI GARDENS DRIVE
~~2ND FLOOR~~
NORTH MIAMI BEACH, FL 33180

2. Principal Place of Business - No P.O. Box #
7545 E. TREASURY DRIVE
 Suite, Apt. #, etc.
CONDO OFFICE

3. Mailing Address
7545 E. TREASURY DRIVE
 Suite, Apt. #, etc.
CONDO. OFFICE

City & State
NORTH BAY VILLAGE, FL.

City & State
NORTH BAY VILLAGE, FL.

Zip
33141

Country
USA

Zip
33141

Country
USA

01302007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3273092

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, JOSE
2450 N.E. MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH, FL 33180

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ 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, 2007

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 PD	NAME BIGELMAN, ANITA STREET ADDRESS 9505 HARDING AVENUE CITY-ST-ZIP SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE PD NAME POLANCO, LILIANA STREET ADDRESS 7545 E. TREASURY DR. CITY-ST-ZIP NO. BAY VILLAGE, FL. 33141
TITLE VTD	NAME WASERSTEIN, MARTA STREET ADDRESS 9505 HARDING AVENUE CITY-ST-ZIP SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE UPD NAME GELSCHINO, STELLA STREET ADDRESS 7545 E. TREASURY DR. CITY-ST-ZIP NO. BAY VILLAGE, FL. 33141
TITLE SD	NAME SMITH, SARA STREET ADDRESS 9505 HARDING AVENUE CITY-ST-ZIP SURFSIDE, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE STD NAME MEDINA, MARIKA STREET ADDRESS 7545 E. TREASURY DR. CITY-ST-ZIP NO. BAY VILLAGE, FL. 33141
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME HERRANDEZ, REGIA STREET ADDRESS 7545 E. TREASURY DR. CITY-ST-ZIP NO. BAY VILLAGE, FL. 33141
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME ABONO-OCEANIC STREET ADDRESS 7545 E. TREASURY DR. CITY-ST-ZIP NO. BAY VILLAGE, FL. 33141
TITLE	NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: X [Signature] STELLA GELSCHINO DATE _____ DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR