**NONPROFIT** CORPORATION ANNUAL REPORT

1999

2. Principal Place of Business 21 6 4 2 2 COLLINS AVE.

23MIAMI BEACH FL



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **N95000003635**

1. Corporation Name

## FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Busines
4001 N.W. 5 ST
MIAMI FL 33126
US

Suite, Apt. #, etc.

City & State

Mailing Address

4431 SW 64TH AVE

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

DAVIE FL 33314

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90116 020 \*\*\*\*61.25

Applied For

\$8.75 Additional

Fee Required

Not Applicable

531602 - 90116 - 20 \*

3. Date Incorporated or Qualifed

5. Certificate of Status Desired ----

08/01/1995

65-0628532

4. FEI Number

3 3 1 4 0   25 DADE   29   30   Trust Fund Contribution   Added to Fees														
9. Name and Address of Current Registered Agent    Street Address (P.O. Box Number is Not Acceptable)			1 1	——————————————————————————————————————				'	, , , , , , , , , , , , , , , , , , , ,				\$5.00 May Be Added to Fees	
GRS MANAGEMENT OF BROWARD INC.  4431 SW 64 AVE., STE 113  DAVIE FL 33314   84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Floridal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Floridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both in the State of Floridal Statutes, the above-named corporation submits this statement for the purpose of changing its register of the corporation and the state of the corporation	24 33140				30	<del>'</del>		1			New Registe			
A431 SW 64 AVE, STE 113  DAVIE FL 33314  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or periodic name of registered agent and 150 if applicable.  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTE  PD  OFFICERS AND DIRECTORS  11.1 ITILE  VILLATE, NAYRA  STREET ADDRESS  6422 COLLINS AVE  CITY-ST-ZIP  MIAMI BEACH FL 33144  INTE  DD  ORACE  OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14.0TT; ST-ZIP  INTE  DV  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14.0TT; ST-ZIP  MIAMI BEACH FL 33144  INTE  DV  OFFICERS AND DIRECTORS IN 14.0TT; ST-ZIP  INTE  DV  OFFICERS AND DIRECTORS IN 15.0TT; ST-ZIP  INTE  DV  OFFICERS AND DIRECTORS		- Name and /	Address of Carrent K	edistaled Adeit		81	Name		114.775			Y	_	
A431 SW 64 AVE, STE 113  DAVIE FL 33314  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or periodic name of registered agent and 150 if applicable.  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN INTE  PD  OFFICERS AND DIRECTORS  11.1 ITILE  VILLATE, NAYRA  STREET ADDRESS  6422 COLLINS AVE  CITY-ST-ZIP  MIAMI BEACH FL 33144  INTE  DD  ORACE  OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14.0TT; ST-ZIP  INTE  DV  OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14.0TT; ST-ZIP  MIAMI BEACH FL 33144  INTE  DV  OFFICERS AND DIRECTORS IN 14.0TT; ST-ZIP  INTE  DV  OFFICERS AND DIRECTORS IN 15.0TT; ST-ZIP  INTE  DV  OFFICERS AND DIRECTORS														
DAVIE FL 33314    84							82 Street Address (P.O. Box Number is Not Acceptable)							
DAVIE PL 33314    State   Stat	· · · · · · · · · · · · · · · · · · ·													
TIL. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the purpose of changling its register of agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, hyped or period nume of registered agent and the if applicable.   (NOTE Registered Agent algorithm required when reintating)   DATE	DAVIE FL 3	33314				55								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I nereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes  Is an familiar with, and accept the obligations of, Section 617.0503, Florida Statutes  Is an familiar with, and accept the obligations of, Section 617.0503, Florida Statutes  Is an familiar with, and accept the obligations of, Section 617.0503, Florida Statutes  Is greature, typed or prented runns of registered agent and side if applicable. [NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN  TITLE PD DELETE 1.1 TITLE 1.2 Change ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN  IT I							•			_		-L		
Signature. Typed or printed runne of registatored agent and title if applicable.   NOTE: Registatored Agent signature required when reintesting)   DATE	office or re	egistered agent, or	r both, in the State of F	Florida. Such char	ige was autho	nized by	the corpo	corporati oration's	on submits the board of direct	nis statement fo ctors. I hereby	or the purpos accept the a	e of changing its opointment as rec	registered pistered	
12.	SIGNATURE	<del>2 </del>		4 44 - ¥6	(NOTE: Peo	internal Agen	Leionaturo n	manifed who	n reinetating)	_	DAT	F		
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CITY-ST-ZIP MIAMI BEACH FL 33144  TITLE TD	I	·					********				TE #1	103		
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STREET ADDRESS  CITY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  SD  NAME  TRUXELL, MARIA  STREET ADDRESS  6422 COLLINS AVE  4.1 TITLE  STRUXEL, MARIA  STREET ADDRESS  6422 COLLINS AVE  4.2 NAME  TRUXEL, MARIA  STREET ADDRESS  6422 COLLINS AVE  4.3 STREET ADDRESS  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL  TRUXEL  TRUXEL  ACTY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  TRUXEL  TRUX				LXIL	PELETE							onengo		
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TRUXELL, MARIA  STREET ADDRESS  6422 COLLINS AVE  CITY-ST-ZIP  MIAMI BEACH FL 33144  TITLE  D  DELETE  D  Change  TRUXEL, MARIA  6422 COLLINS AVE.  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL, MARIA  6422 COLLINS AVE.  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL, MARIA  6422 COLLINS AVE.  MIAMI BEACH FL 33144  TITLE  D  Change  TRUXEL, MARIA  6422 COLLINS AVE.  MIAMI BEACH FL 33144  TONAME  MILERA, TONY  BARCO, ROSE			FL 33144				T-ZIP	G 7m	75	_		173.61	Addition	
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CITY-ST-ZIP MIAMI BEACH FL 33144  TITLE D GLETE STATE  NAME MILERA TONY  MIAMI BEACH FL 33144  44 CITY-ST-ZIP MIAMI BEACH FL 33144  Change XX  BARCO, ROSE								643			-			
TITLE D DELETE 5.1 TITLE D Change TANK  NAME MILERA TONY 52 NAME BARCO, ROSE	STREET ADDRESS	6422 COLLINS	- 100 - 100 - 110				ADDRESS							
NAME MILERA TONY 52NAME BARCO, ROSE	CTY-ST-ZIP	MIAMI BEACH	FL 33144			4.4 CITY-ST	-ZIP		MI REA	CH FL	33144			
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14. 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information supplied with	14. I hereby c	i certify that the info	rmation supplied with t	his filing does not	qualify for the	exempti	on stated	d in Secti	on 119.07(3)	(i), Florida Stat	tutes. I furthe	r certify that the is	formation	

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.