
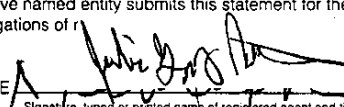
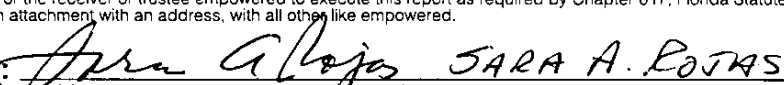


2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N95000003635 1. Entity Name FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 6422 COLLINS AVE MIAMI BEACH, FL 33140 US		Mailing Address 7900 NW 155 STREET 205 HIALEAH, FL 33016
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 8299 Coral Way Suite, Apt. #, etc.
City & State Miami Florida		4. FEI Number 65-0628532
Zip 33155		Country US
6. Name and Address of Current Registered Agent COMPLETE PROPERTY MANAGEMENT 3550 BISCAYNE BLVD SUITE 401 MIAMI, FL 33137		7. Name and Address of New Registered Agent Name: Property Management Street Address (Box Number is Not Acceptable): 8299 Coral Way City: Miami FL Zip Code: 33155
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 r		
SIGNATURE: 		DATE: 4-11-07
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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: P NAME: BOYER, APRIL <input type="checkbox"/> Delete STREET ADDRESS: 6422 COLLINS AVE #403 CITY-ST-ZIP: MIAMI BEACH, FL 33141	TITLE: P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: April Boyer STREET ADDRESS: 8299 Coral Way CITY-ST-ZIP: Miami, FL 33155	
TITLE: S <input type="checkbox"/> Delete NAME: PRATS, LILLIAM STREET ADDRESS: 422 COLLINS AVE #1203 CITY-ST-ZIP: MIAMI BEACH, FL 33141	TITLE: S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: Lillian Prats STREET ADDRESS: 8299 Coral Way CITY-ST-ZIP: Miami, FL 33155	
TITLE: T <input type="checkbox"/> Delete NAME: ROJAS, SARA A STREET ADDRESS: 6422 COLLINS AVE #1501 CITY-ST-ZIP: MIAMI BEACH, FL 33141	TITLE: T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 8299 Coral Way STREET ADDRESS: Miami, FL 33155 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: VP Cary Shoc Hoff STREET ADDRESS: 8299 Coral Way CITY-ST-ZIP: Miami, FL 33155	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: 		DATE: 4/3/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: 30520526716

FILED
 RECEIVED
 07 JUN -8 PM 12:12
 APR 12 2007
 STATE
 MIAMI, FLORIDA



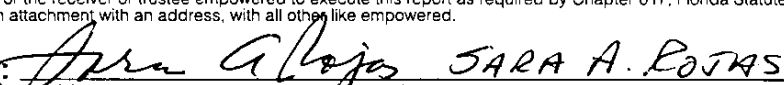
12012006 Chg-NP CR2E037 (4/06)

4. FEI Number: 65-0628532 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

Amended AR is \$61.25 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
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SIGNATURE:  DATE: **4/3/07** Daytime Phone #: **30520526716**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #