

**2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 17, 2011  
Secretary of State**

DOCUMENT# N95000003635

Entity Name: FLORIDA TOWER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

6422 COLLINS AVE  
MANAGER OFFICE  
MIAMI BEACH, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

6422 COLLINS AVE  
MANAGER OFFICE  
MIAMI BEACH, FL 33141 US

**New Mailing Address:**

FEI Number: 65-0628532      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOZANO, RAFAEL CAM  
6422 COLLINS AVE  
MANAGEMENT OFFICE  
MIAMI BEACH, FL 33141 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JONES, CATHERINE  
Address: 6422 COLLINS AVE # OFFICE  
City-St-Zip: MIAMI BEACH, FL 33141

Title: T  
Name: D'ALBA MARRON, CARLA  
Address: 6422 COLLINS AVE # OFFICE  
City-St-Zip: MIAMI, FL 33141

Title: V  
Name: OSVALDO, RAMON  
Address: 6422 COLLINS AVE # OFFICE  
City-St-Zip: MIAMI, FL 33141

Title: S  
Name: FERNANDEZ, SECUNDINO  
Address: 6422 COLLINS AVE # OFFICE  
City-St-Zip: MIAMI, FL 33141

Title: D  
Name: CABRERA, RUBEN  
Address: 6422 COLLINS AVE # OFFICE  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RAFAEL LOZANO

MANA

01/17/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date