## 2001 UNIFORM BUSINESS REFORT (UBR)

## May 17, 2001 8:00 am Secretary of State DOCUMENT # N9700002508 4-26-2001 90016 004 \*\*\*\*61.25 TOWERS VII-CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 4651 S ATLANTIC AVE 3511 S PENINSULA DRIVE 44000 PONCE INLET FL 32127 PONCE INLET FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3444984 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Street Address (P.O. Box Number is Not Acceptable) PARKES, KAREN D SOUTHEAST MANAGEMENT SERVICES, INC 3511 S PENINSULA DRIVE Zip Code DAYTONA BEACH FL 32127 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, SIGNATURE Signature, typed or printed name of registered egent and title if explicable. (NK)TE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing Make Check Payable to FILE NOW: Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. X Delete IIILE ☐ Change Addition TITLE **DIMUCCI ANTHONY** NAME NAME STREET ADDRESS 100 W DUNDEE RD STREET ADDRESS CITY-ST-ZIP PALATINE IL 60067 CITY-ST-ZIP AttachED Change Addition TIN F DILE 🛭 Delete VIHLEN, SED NAME NAME STREET ADDRESS 200 N PARK AVE SUITE 200 STREET ADDRESS CITY-51-21P SANFORD FL 32771 CITY-ST-ZIP Delete Change Addition TITLE TITLE MAMAN, DAVE NAME 4565 S ATLANTIC AVE SUITE 5604 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONCE INLET FL 32127 CITY-ST-ZIP Delete Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete **Addition** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Deleta Deleta TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Daysime Phone (

Hackment. Doc. # N97000003508

**TOWERS VII** 

APPELBAUM, RICHARD 21 MAITLAND GROVE ROAD MAITLAND. FL 32751

V D SANDERS, GEORGE **4651 S. ATLANTIC AVE UNIT #9402 PONCE INLET, FL 32127** 

TO **KELLEY, JAMES** 4651 S. ATLANTIC AVE. **UNIT #9305 PONCE INLET, FL 32127** 

SD GERBER, RHONDA 9251 SILVER LAKE DRIVE LEEBURG, FL 34788

D McDANIEL, WILLIAM 4651 S. ATLANTIC AVE. UNIT #9204 **PONCE INLET, FL 32127**