

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001122

1. Entity Name

CLUB TOWER CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90043 030 ****61.25

Principal Place of Business

753 CRANDON BLVD.
KEY BISCAIYNE FL 33149
US

Mailing Address

169 MIRACLE MILE
SUITE 200
CORAL GABLES FL 33134-5412

2. Principal Place of Business

785 Crandon Boulevard
Suite, Apt. #, etc.

Club Tower 2
City & State

Key Biscayne, Florida
Zip

33149

Country

USA

3. Mailing Address

785 Crandon Boulevard
Suite, Apt. #, etc.

Club Tower 2
City & State

Key Biscayne, Florida
Zip

33149

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0712614

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

WALKER, H W JR
200 SOUTH BISCAIYNE BLVD.
SUITE 5000
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name Michael J. Gelfand

Street Address (P.O. Box Number is Not Acceptable)
250 South Australian Avenue

Suite #1010

City

West Palm Beach

FL

Zip Code

33401-5014

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME HINSON, JOHN A
STREET ADDRESS 169 MIRACLE MILE SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VD ☒ Delete
NAME COBB, CHRISTIAN M
STREET ADDRESS 169 MIRACLE MILE SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE STD ☒ Delete
NAME ELBERT, DONALD J
STREET ADDRESS 169 MIRACLE MILE SUITE 200
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☒ Delete
NAME BLACKMAN, CHRISTOPHER
STREET ADDRESS 753 CRANDON BOULEVARD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

TITLE D ☒ Delete
NAME MARTINEZ-CHRISTENSEN, CARLOS
STREET ADDRESS 753 CRANDON BOULEVARD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

TITLE D ☐ Delete
NAME MORLEY, BRAD
STREET ADDRESS 753 CRANDON BOULEVARD
CITY-ST-ZIP KEY BISCAIYNE FL 33149

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President P/D ☒ Change ☐ Addition
NAME Bradford Morley
STREET ADDRESS 785 Crandon Boulevard Key Biscayne, FL 33149

TITLE Vice President V/D ☒ Change ☐ Addition
NAME J.L. Perez
STREET ADDRESS 785 Crandon Boulevard
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE Secretary S/D ☒ Change ☐ Addition
NAME Terry B. Fein
STREET ADDRESS 785 Crandon Boulevard
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE Treasurer T/D ☒ Change ☐ Addition
NAME Jaime Gomez
STREET ADDRESS 785 Crandon Boulevard
CITY-ST-ZIP Key Biscayne, FL 33149

TITLE Director /D ☐ Change ☐ Addition
NAME Carlos Martinez-Christensen
STREET ADDRESS 785 Crandon Boulevard
CITY-ST-ZIP Key Biscayne, FL 33149

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 NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00 (305)361-9975

Date

Daytime Phone #

CR20037 (9/99)