

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 16, 2001 8:00 am
Secretary of State

05-16-2001 90264 048 *****61.25

DOCUMENT #N98000001122

1. Entity Name

Club Tower Condominium Association, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

785 Crandon Blvd

3. Mailing Address

785 Crandon Blvd

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Key Biscayne, FL

City & State

Key Biscayne, FL

Zip

33149

Country

USA

Zip

33149

Country

USA

4. FEI Number

65-0815918

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Michael J. Gelfand

Street Address (P.O. Box Number is Not Acceptable)

One Clearlake Centre

250 South Australian Ave, Suite 1010

City

West Palm Beach

FL

Zip Code

33411

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME HINSON, John A.
STREET ADDRESS 169 Miracle Mile, Suite 200
CITY-ST-ZIP Coral Gables, FL 33134

☒ Delete

TITLE P
NAME Butler, J. Murfree
STREET ADDRESS 785 Crandon Blvd. # 101
CITY-ST-ZIP Key Biscayne, FL 33149

Change ☒ Addition

TITLE VD
NAME Cobb, Christian M.
STREET ADDRESS 169 Miracle Mile, Suite 200
CITY-ST-ZIP Coral Gables, FL 33134

☒ Delete

TITLE V
NAME Martinez-Christensen, Carlos
STREET ADDRESS 785 Crandon Blvd. # 101
CITY-ST-ZIP Key Biscayne, FL 33149

Change ☒ Addition

TITLE STD
NAME Elbert, Donald J.
STREET ADDRESS 169 Miracle Mile, Suite 200
CITY-ST-ZIP Coral Gables, FL 33134

☒ Delete

TITLE S
NAME Rein, Terry
STREET ADDRESS 785 Crandon Blvd. # 101
CITY-ST-ZIP Key Biscayne, FL 33149

Change ☒ Addition

TITLE D
NAME Blackman, Christopher
STREET ADDRESS 785 Crandon Blvd
CITY-ST-ZIP Key Biscayne, FL 33149

☒ Delete

TITLE T
NAME Gomez, Jaime
STREET ADDRESS 785 Crandon Blvd. # 101
CITY-ST-ZIP Key Biscayne, FL 33149

☐ Change ☒ Addition

TITLE D
NAME Martinez-Christensen, Carlos
STREET ADDRESS 785 Crandon Blvd
CITY-ST-ZIP Key Biscayne, FL 33149

☒ Delete

TITLE D
NAME Perez, J.L.
STREET ADDRESS 785 Crandon Blvd. # 101
CITY-ST-ZIP Key Biscayne, FL 33149

☐ Change ☒ Addition

TITLE D
NAME Morley, Brad
STREET ADDRESS 785 Crandon Blvd
CITY-ST-ZIP Key Biscayne, FL 33149

☒ Delete

TITLE D
NAME Fieper, James
STREET ADDRESS 785 Crandon Blvd. # 101
CITY-ST-ZIP Key Biscayne, FL 33149

☐ Change ☒ Addition

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

4/26/01

Date

305-361-9975

Daytime Phone #

CR2E037 (11/00)