

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90653 011 *****61.25

0024284

DOCUMENT # N98000001122

1. Entity Name

CLUB TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

785 CRANDON BLVD.
#101
KEY BISCAVNE FL 33149
US

Mailing Address

785 CRANDON BLVD.
#101
KEY BISCAVNE FL 33149
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0712614

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

GELEFORD, MICHAEL J
200 SOUTH AUSTRALIAN AVENUE, S
SUTE 1010
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name **GELEFORD, MICHAEL J.**
Street Address (P.O. Box/Number is Not Acceptable)
250 S. AUSTRALIAN AVZ
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

Michael J. Geleford **Michael J. Geleford** **4/3/02**

(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

TITLE	P	<input type="checkbox"/> Delete
NAME	BUTLER, J. MURFREE	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	V	<input type="checkbox"/> Delete
NAME	M. CHRISTIANSEN, CARLOS	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEIN, TERRY	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GOMEZ, JAIME	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, J.L.	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FIEGER, JAMES	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James F. Mueller	
STREET ADDRESS	785 Crandon Blvd. #101	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Y. Stephen Liedman	
STREET ADDRESS	785 Crandon Blvd. #101	
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)(f), 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 lines empowered.

SIGNATURE: *James F. Mueller* **James F. Mueller** **3/26/02** **305-361-9975**

CR2E037 (9/01)