

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90014 050 \*\*\*\*70.00

<b>DOCUMENT # N98000001122</b>					
<b>1. Entity Name</b> CLUB TOWER CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 785 CRANDON BLVD. #101 KEY BISCAVNE, FL 33149 US			<b>Mailing Address</b> 785 CRANDON BLVD. #101 KEY BISCAVNE, FL 33149 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01232006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 65-0712614				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SKRLD, INC. 201 ALHAMBRA CIRCLE #1102 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <div style="text-align: center; font-size: 2em; font-family: cursive;">SAME</div> City <div style="text-align: right; font-weight: bold;">FL</div> Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T MUELLER, JAMES F 785 CRANDON BLVD. #101 KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P Rosenwasser, Harvey 785 Crandon Blvd., #101 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP LIEDMAN, STEPHEN Y 785 CRANDON BLVD. #101 KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP Guerra, Francisco 785 Crandon Blvd., #101 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S FEIN, TERRY 785 CRANDON BLVD. #101 KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T Deitch, Larry 785 Crandon Blvd. #101 Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T MUELLER, JAMES F 785 CRANDON BLVD. #101 KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	K Koss, Christopher 785 Crandon Blvd., #101 Key Biscayne, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D PEREZ, J.L. 785 CRANDON BLVD. #101 KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D Liedman, V. Stephen 785 Crandon Blvd., #101 Key Biscayne, FL 33149	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VP LIEDMAN, Y. STEPHEN 785 CRANDON BLVD. #101 KEY BISCAVNE, FL 33149	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">JAN 30 2006</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">CU REV ADM</div>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a shareholder, 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 Book 10 of Block 1111 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			13 Jan 2006 365-4666 <small>Date Daytime Phone #</small>		