

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90108 028 ****61.25

DOCUMENT # N98000001122

1. Entity Name

CLUB TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

785 CRANDON BLVD.
#101
KEY BISCAIYNE FL 33149
US

Mailing Address

785 CRANDON BLVD.
#101
KEY BISCAIYNE 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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GELFAND, MICHAEL J
250 SOUTH AUSTRALIAN AVENUE, S
SUITE 1010
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name SKRLD, Inc.
Street Address (R.O. Box Number is Not Acceptable) 201 Alhambra Circle #1102
City Coral Gables FL Zip Code 33134

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.

SIGNATURE

Handwritten Signature

1-22-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, J. MURFREE	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	M. CHRISTIANSEN, CARLOS	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	FEIN, TERRY	
STREET ADDRESS	785 CRANDON BLVD, #101	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MUELLER, JAMES F	
STREET ADDRESS	785 CRANDON BLVD, #101	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEREZ, J.L.	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIEDMAN, Y. STEPHEN	
STREET ADDRESS	785 CRANDON BLVD, #101	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, JAMES F	
STREET ADDRESS	785 CRANDON BLVD #101	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Perez, J.L.	
STREET ADDRESS	785 CRANDON BLVD. #101	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIN, TERRY	
STREET ADDRESS	785 CRANDON BLVD, #101	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEDMAN, Y. STEPHEN	
STREET ADDRESS	785 CRANDON BLVD # 101	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Deitch, Larry	
STREET ADDRESS	785 CRANDON BLVD # 101	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Handwritten Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-03

CR2E037 (10/02)