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SECTION 1117 OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730290

1. Corporation Name

THE CORAL GABLES TOWER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

66 VALENCIA AVE
CORAL GABLES FL 33134
US

Mailing Address

201 SEVILA AVE, SUITE 301
CORAL GABLES FL 33134

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/26/1974
City & State	City & State	4. FEI Number
Zip	Country	59-1688130
28	29	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
30	31	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUANY, ENID
66 VALENCIA AVE
CORAL GABLES FL 33134

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 817.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when amending)

DATE

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	2. DELETE	1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS		1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP
1.5 CITY-STATE-ZIP		2.1 TITLE	2.2 NAME
1.6		2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP
1.7		3.1 TITLE	3.2 NAME
1.8		3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP
1.9		4.1 TITLE	4.2 NAME
1.10		4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP
1.11		5.1 TITLE	5.2 NAME
1.12		5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP
1.13		6.1 TITLE	6.2 NAME
1.14		6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP

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 annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: REQU MARIO A. PAGES 1-6-99. 305 4438665

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

Date

Daytime Phone

CR2037 (11/98)