FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710497

Corporation Name

LONDON TOWER CONDOMINIUM, INC.

Principal Place of Business 9381 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

27

9381 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND FL 33154

FILED Mar 30, 1999 8:00 am § Secretary of State

03-30-1999 90008 025 ****61.25



Applied For

Not Applicable

3. Date Incorporated or Qualifed

03/10/1966

4. FEI Number 59-1144872

City & State	•	City & State				5. Ce	rtifcate of	Status De	sired		40'12 V	
:3	28		·							Fee Red	drinea	
Zip	Country Zip Cou			intry				Campaign Financing			\$5.00	•
:4	25 29 30					Trust Fund Contribut					Added to Fees	
	9. Name and Address of Current F	Registered Agent		2.1		10. Na	me and A	ddress o	f New R	egistere	d Agent	
	·			81	Name							
RICHTER, MILTON					82 Street Address (P.O. Box Number is Not Acceptable)							
9381 EAST BAY HARBOR DRIVE												
BAY HARE	BOR ISLAND FL 33154			83					-		•	;
				84	City					·	. 85 Zip C	ode
					•					F		
office or re agent. I a	to the provisions of Sections 617.0502 a agistered agent, or both, in the State of in familiar with, and accept the obligation	Florida, Such change	was authorized	יחז עם ג	named o e corpo	corporation su ration's board	ibmits this I of directo	statemen rs. I herel	t for the by accep	purpose of t the app	of changing its of changing its of changing its of change its of change its of change its of change its of changing its of cha	registered jistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registered	Agent s	ignature re					DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADI	DITIONS/C	HANGES	TO OF	ICERS A	ND DIRECTO	
TITLE	D	☐ DEL	ETE 1.1 TI	TLE		T					Change	☐ Addition
NAME	MANZANARES, ROBERT		1.2 N	AME	į	Loui	ise L	. Go	ldbe	rg		•
STREET ADDRESS	9381 E. BAY HARBOR DR		1.3 S	TREET A	DDRESS	938	31 E.	Bay :	Harb	or D	r	
CRY-ST-ZIP	BAY HARBOR IS, FL 00000	_	1.4 C	ΠΥ-ST-Z	ZIP	Ba	ау На	rbor	Is.	Fl.	<u> 33154</u>	
TITLE	ST	☐ DEL	ETE 2.1 Π	TLE		D_{n}	everl	. Va	rron	haue	☐ Change	Addition
NAME	GROSSMAN, RENEE		2.2 N	AME		· DE	381	E. Ba	v Ha	rbor	Dr.	
STREET ADDRESS	9381 EAST BAY HARBOR DRIVE		2.3 \$	TEETA	DORESS	rbor	rs Fl	. 33	154			
CITY-ST-ZIP	BAY HARBOR ISLAND FL 33154		2.40	11Y-ST-	ZIP 11	11701		• • •		<u> </u>	·· ., <u></u>	
TITLE	CD .	□ DEL	ETE 3.1 TI	TLE							☐ Change	Addition
NAME	NEEDLE, GILBERT		32 N	AME	1							
STREET ADDRESS	9381 E BAY HARBOR DR		3.3 \$	TREET A	DORESS						*	
CITY-ST-ZIP	BAY HARBOR IS, FL 00000		3.4.0	TY-ST-	ZiP							
TITLE	D	. 🔀 DEL	ETE 4.1 TI	TLE							Change	☐ Addition
NAME	SARFATI, ROXANNA		4.21	IAME	ļ							
STREET ADDRESS	9381 EAST BAY HARBOR DRIVE		4.3 S	TREET A	DDRESS					<u>.</u>		
CITY+ST-ZIP	BAY HARBOR FL			ITY-ST-Z	ZIP							
πιε	D	⊠ DEL									Change	☐ Addition
NAME	RIVERO, MIGUEL		5.2 N	AME								
STREET ADDRESS	9381 EAST BAY HARBOR ISL		5.3 S	TREET A	DORESS							
CITY-ST-ZIP	BAY HARBOR FL			TY-ST-Z	ZIP							
TITLE		☐ DEL						•	٠,		Change	☐ Addition
NAME			6.2 N	AME	ļ							
STREET ADDRESS	^		6.3 \$	TREET A	DDRESS							
CITY-ST-ZIP				ITY-ST-Z								
14 Lhoroby	certify that the information supplied with	this filing does not qu	alify for the exe	mption	n stated	in Section 11	19. <mark>07(3)(i)</mark> .	Florida S	tatutes.	further c	ertify that the in	nformation

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 617. 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: 🖄

CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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