

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90029 008 ****61.25

DOCUMENT # 710812

1. Entity Name

PARK TOWER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1151 N ATLANTIC BLVD
FT LAUDERDALE FL 33304
US**

**1151 N ATLANTIC BLVD
FT LAUDERDALE FL 33304
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

59-1232035

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

7. Name and Address of New Registered Agent

**CRAWDON, AL
1151 N ATLANTIC BLVD
FT LAUDERDALE FL 33304**

Name **SWIFT Management Solutions**

Street Address (P.O. Box Number is Not Acceptable)

311 N University Dr # 725

City

Coral Springs

FL

Zip Code

33065

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

Signature, typed or printed name of registered agent and if not 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **GROWDON, AL**
CITY-ST-ZIP **1151 N ATLANTIC BLVD
FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **ROTHERG, AROLD**
CITY-ST-ZIP **1151 N ATLANTIC BLVD
FT. LAUDERDALE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **MATZ, JAMES**
CITY-ST-ZIP **1151 N ATLANTIC BLVD
FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ROTHERG, HAROLD**
CITY-ST-ZIP **1151 N ATLANTIC BLVD
FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WHITE, BEVERLY**
CITY-ST-ZIP **1151 N ATLANTIC BLVD
FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **PRAGGER, SHEILA**
CITY-ST-ZIP **1151 N ATLANTIC BLVD
FORT LAUDERDALE FL 33304**

TITLE ☐ Change ☐ 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:

SIGNATURE *[Signature]* **Pres** **1-22-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)