FILED May 03, 2004 8:00 am Secretary of State

2004	NOT-F	OR-PF	ROFIT	COR	RPOR	ATION
	A	NNUA	L RE	PORT	Γ	

1. Entity Nam	MENT # 757203 TOWERS CONDOMINIU	IM ASSOCIATION, IN	c.			tary of State 04 90774 038 ****61.25			
Principal Place of Business Mailing Address 900 W 49 ST 900 W 49 ST STE 220 STE 220 HIALEAH, FL 33012 US				:	 - 	I AN OLIN ALEX INDI EUSI INDI EUSIA INDI			
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04222004 Chg-NP	CR2E037 (10/03)			
City & State		City & State			4. FEI Number 59-2168542	Applied For Not Applicable			
Zip	Country	Zip	Country		5. Certificate of Status Desired	d S8.75 Additional Fee Required			
	6. Name and Address of Currer	t Registered Agent	No.	7. Name and Address of New Registered Agent					
DELATORRE, CLEMENTE J 900 W 49 ST STE 220				Street Address (P.O. Box Number is Not Acceptable)					
HIALEAH,	FL 33012		Cit	у		FL Zip Code			
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 Signature required when reinstating) DATE									
Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Due by May 1, 2004 9. Election Campaign Financing \$5.00 May Be Added to Fees Florida Department of State									
10.	OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 10			
TITLE	PD	☐ Delete	TITLE	PD	c 11_	Change			
· · · · · · · · · · · · · · · · · · ·			NAME STREET ADD	1 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Er Spenelle Maller Dr. #306	E			
CITY-ST-ZIP	MIAMI SPGS., FL 33166		CITY-ST-ZI	WIA	ME SPITNUS, F	L. 33166			
TITLE	PD	☐ Delete	TITLE	VP	F. 223-7	Change			
NAME	SPINELLI, ESTHER		NAME	RE	INA FERNANDEZ				
STREET ADDRESS CITY-ST-ZIP				REINA FERNANDEZ ETADDRESS 685 WILLET Dr. #302 E ST-ZIP ANIAMO SPIENGS, FL 33166					
TITLE	VPD	☐ Deicte	TITLE	1777	(Y	∀ (0) □ 1440			
NAME	FERNANDEZ, REINA	Delicie	NAME	Con	WELLER DE MARCH WELLER Dr. # MEAN	ENA			
STREET ADDRESS	685 MILLER DR. 302 E		STREET ADD	RESS 680	WEller Dr. #	303W 33166			
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-ST-ZI	, ,	MEALL	E SPIENYS, FL.			
TITLE NAME	TD DE WLARCHENA, CONSUELO	☐ Delete	TITLE NAME	SD	EA CAMBERT	Change Addition			
STREET ADDRESS	685 MILLER DR. 303 W		STREET ADD	RESS 685	SWaller Dr. #40	7 <i>E</i> _			
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166		CITY-S1-ZI	M	EAME SPEENYS,	FL. 33 166			
TITLE	CLARK, DIANE	Delete	TITLE	ן בַּן	K 1 0.	☐ Change 🔀 Addition			
NAME STREET ADDRESS	685 NILLER DRIVE # 207E		STREET ADD	RESS A C	MENET DE # 40	75 E			
CITY-ST-ZIP	MIAMI, FL-33166		CITY-ST-ZI	ME	AME SPIENS, F	L, 33166			
TITLE	-B	Delete	TITLE			☐ Change ☐ Addition			
NAME CTREET ADDRESS	CLARK, DIANE	• •	NAME STREET ADD	IDECC					
STREET ADDRESS CFTY-ST-ZIP	665 MILLERDR: 207 E MIAMI SPRINGS, FL-33166		STREET ADD						
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:									
01011	·								

SIGNATURE AND PREED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR