


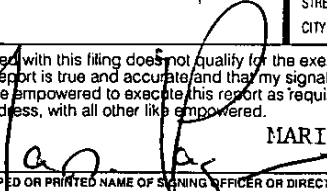


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90016 035 \*\*\*\*61.25

<b>DOCUMENT # 730290</b> 1. Entity 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																																																																																																																																																																		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		  01052005 Chg-NP CR2E037 (10/03)																																																																																																																																																																	
City & State		City & State																																																																																																																																																																			
Zip		Zip																																																																																																																																																																			
Country		Country																																																																																																																																																																			
4. FEI Number 59-1688130				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				  01052005 Chg-NP CR2E037 (10/03)																																																																																																																																																																	
6. Name and Address of Current Registered Agent PAGES, MARIO A. 66 VALENCIA AVE CORAL GABLES, FL 33134																																																																																																																																																																					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																																																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																																																					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																																																	
<b>Make check payable to Florida Department of State</b>		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="padding: 5px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="padding: 5px;">11. 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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.																																																																																																																																																																					
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<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																																																																																																																																																																	