

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

05-13-2005 90224 036 ****61.25

DOCUMENT # 710497 1. Entity Name LONDON TOWER CONDOMINIUM, INC.					
Principal Place of Business 9381 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154			Mailing Address 9381 EAST BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-1144872	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GOLDBERG, LOUISE L 9381 E BAY HARBOR DRIVE BAY HARBOR ISLAND, FL 33154				7. Name and Address of New Registered Agent Name: <u>Joseph Pecko</u> Street Address (P.O. Box Number is Not Acceptable): <u>5618 Hollywood Blvd</u> City: <u>Hollywood</u> FL Zip Code: <u>33021</u>	
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/30/05</u>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KARRENBauer, BEVERLY 9381 BAY HARBOR DR BAY HARBOR ISLAND, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAURA DYRGA 9381 East Bay Harbor Dr. Bay Harbor, FL 33154	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARGUEZ, STELLA 9381 E BAYHARBOR DR BAY HARBOR ISL, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TOMAS LANSKY 9381 East Bay Harbor Dr. Bay Harbor FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOX, STEVEN 9831 E BAY HARBOR DR BAY HARBOR ISL, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORGE 9381 East Bay Harbor Dr. Bay Harbor, FL 33154	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARISL, PAUL 9381 E BAY HARBOR DR BAY HARBOR ISL, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KATHY CYDERE 9381 East Bay Harbor Dr. Bay Harbor, FL 33154	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTT, JACK 9381 E BAY HARBOR DR. BAY HAROR ISL, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u>[Signature]</u> DATE: <u>5/1/05</u> DAYTIME PHONE #: <u>9549661762</u>					