


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90037 048 ****70.00

DOCUMENT # 726246 1. Entity Name PHOENIX TOWERS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2800 N. OCEAN DRIVE SINGER ISLAND, FL 33404			Mailing Address 2800 N. OCEAN DRIVE SINGER ISLAND, FL 33404		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1452931	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOLLENGARDEN, PETER C BECKER & POLIAKOFF, P.A. 625 N FLAGLER DR, 7TH FLOOR WEST PALM BEACH, FL 33401				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	S GRAVELLE, JOANNE 23-B WESTPARK BLVD., DOLLARD DES ORMEAUX QUEBEC, CA h9a 2i5 <input 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	T GROSS, CHARLES 525 RICHLYN DRIVE ADRIAN, MI 49221 <input 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	VP ROMANSKY, RICHARD 2800 N OCEAN DR APT B-9B SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LATTA, ROGER 2800 N. OCEAN DRIVE A-19CS SINGER ISLAND, FL 33404 <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	D KISER, CLARENCE 2800 N OCEAN DR APT B17B SINGER ISLAND, FL 33404 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHARBONNEAU, AL 1550 GORDON ST. UNIT 41 GUELPH, ONTARIO, n1c 1c7 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 charged, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Clarence A. Kiser</i> CLARENCE A. KISER <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/20/08 561-863-7424 <small>Date Daytime Phone #</small>		

Please Add:

ATTACHMENT

40053777

#726346

JEFFREY FARKAS

TITLE - DIRECTOR

2800 N. OCEAN DR. APT. B7B

SINGER ISLAND, FL 33404

JEAN COHEN

TITLE - DIRECTOR

2800 N. OCEAN DR. APT. A10A

SINGER ISLAND, FL 33404