

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 715800

**FILED**  
**Apr 15, 2016**  
**Secretary of State**  
**CC1709160384**

**Entity Name:** PALM BAY TOWERS CONDOMINIUM ASSOCIATION,  
INCORPORATED

**Current Principal Place of Business:**

720 NE 69TH ST  
MANAGEMENT OFFICE  
MIAMI, FL 33138

**Current Mailing Address:**

720 NE 69TH ST  
MANAGEMENT OFFICE  
MIAMI, FL 33138 US

**FEI Number: 59-1417287**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLAXBERG, GRAYSON, KUKOFF & STRAUSS, P.A.  
26 SW 2 AVE.  
SUITE 730  
MIAMI, FL 33131 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HOGLE, TIMOTHY MDR  
Address 720 NE 69TH ST  
City-State-Zip: MIAMI FL 33138

Title SECRETARY  
Name MONTGOMERY, SALLY  
Address 720 NE 69TH ST  
City-State-Zip: MIAMI FL 33138

Title TREASURER  
Name MARIE, IRENE  
Address 720 N.E. 69TH STREET  
PALM BAY LANE  
City-State-Zip: MIAMI FL 33138

Title VP  
Name LOPEZ, CARLOS  
Address 720 NE 69TH ST  
27W  
City-State-Zip: MIAMI FL 33138

Title DIRECTOR  
Name LOPERENA, GABRIEL  
Address 720 NE 69TH ST  
3S  
City-State-Zip: MIAMI FL 33138

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TIMOTHY M HOGLE**

**PRESIDENT**

**04/15/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date