

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 717692

**Entity Name:** SEACREST TOWERS CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**1609 N. RIVERSIDE DR.  
POMPANO BEACH, FL 33062-3325**Current Mailing Address:**1609 N. RIVERSIDE DR.  
POMPANO BEACH, FL 33062-3325 US**FEI Number:** 59-1494622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAEGER, GLENN W  
1609 N. RIVERSIDE DR.  
UNIT 701  
POMPANO BEACH, FL 33062 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:** GLENN JAEGER

01/24/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	AT LARGE
Name	FRAZIER, CHRIS
Address	1609 N. RIVERSIDE DR. APT. #407
City-State-Zip:	POMPANO BEACH FL 33062

Title	VP
Name	FARMER, WILLIAM
Address	1609 N. RIVERSIDE DR. APT. #905
City-State-Zip:	POMPANO BEACH FL 33062

Title	PRESIDENT
Name	JAEGER, GLENN W
Address	1609 N. RIVERSIDE DRIVE APT. #701
City-State-Zip:	POMPANO BEACH FL 33062

Title	TREASURER
Name	HAUPT, BRIAN
Address	1609 N. RIVERSIDE DR. APT. #1005
City-State-Zip:	POMPANO BEACH FL 33062-3325

Title	SECRETARY
Name	LEVINE, ANDREA
Address	1609 N. RIVERSIDE DR. APT. #607
City-State-Zip:	POMPANO BEACH FL 33062-3325

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:** ANDREA LEVINE

SECRETARY

01/24/2022

Electronic Signature of Signing Officer/Director Detail

Date