

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718837

Entity Name: CONTINENTAL TOWERS, INC.**Current Principal Place of Business:**675 S GULFVIEW BLVD
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CLEARWATER BEACH, FL 33767**Current Mailing Address:**C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE 301
ST. PETERSBURG, FL 33702 US**FEI Number:** 59-1484405**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ASSOCIA GULF COAST, INC.
9887 FOURTH STREET NORTH
SUITE 301
ST. PETERSBURG, FL 33702 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:** JOHN HENSLEY

06/21/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name NASSIF, JANET
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE
301
City-State-Zip: ST. PETERSBURG FL 33702

Title TREASURER
Name WOOTEN, JAMES NORRIS
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE
301
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name SPAGNOLA, ROSALYN
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE
301
City-State-Zip: ST. PETERSBURG FL 33702

Title VP
Name PALLS, BEATRICE
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE
301
City-State-Zip: ST. PETERSBURG FL 33702

Title DIRECTOR
Name LABARE, LYNN M
Address C/O ASSOCIA GULF COAST
9887 FOURTH STREET NORTH SUITE
301
City-State-Zip: ST. PETERSBURG FL 33702

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: JANET NASSIF

PRESIDENT

06/21/2020

Electronic Signature of Signing Officer/Director Detail

Date