

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718837

**Entity Name:** CONTINENTAL TOWERS, INC.

**Current Principal Place of Business:**

675 S GULFVIEW BLVD  
# 1  
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:** DENNIS MANSFIELD

04/03/2018

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 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**

04/03/2018

Electronic Signature of Signing Officer/Director Detail

Date