

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 730478

Entity Name: TOWER 1800 CONDOMINIUM, INC.**Current Principal Place of Business:**1800 COLLINS AVENUE
MIAMI BEACH, FL 33139**Current Mailing Address:**1800 COLLINS AVENUE
MIAMI BEACH, FL 33139**FEI Number:** 59-1706911**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RESNICK, AARON
100 N. BISCAYNE BLVD
SUITE 1607
MIAMI, FL 33132 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	CARRO, SYLVIA
Address	1800 COLLINS AVENUE APT 6C
City-State-Zip:	MIAMI BEACH FL 33139

Title	VP
Name	DE LA CRUZ, ELIDA
Address	1800 COLLINS AVENUE, APT 5F
City-State-Zip:	MIAMI BEACH FL 33139

Title	T
Name	BENEDETTI, CLAUDIO
Address	1330 WEST AVE #3002
City-State-Zip:	MIAMI BEACH FL 33139

Title	S
Name	BOYESCU, MARISSA
Address	1800 COLLINS AVENUE, APT 12D
City-State-Zip:	MIAMI BEACH FL 33139

Title	DR
Name	WALSH, EDWARD
Address	1800 COLLINS AVE APT 9E
City-State-Zip:	MIAMI BEACH FL 33139

Title	NA
Name	NA, NA
Address	1800 COLLINS AVE
City-State-Zip:	MIAMI BEACH FL 33139

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: ELIDA DE LA CRUZ

VP

03/08/2018

Electronic Signature of Signing Officer/Director Detail_____
Date