

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769720

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**2656903927CC**

**Entity Name:** TOWER PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATIO, INC.

**Current Principal Place of Business:**

C/O ALTON MADISON PROP MGMT  
381 N KROME AVENUE, SUITE 205  
HOMESTEAD, FL 33030

**Current Mailing Address:**

C/O ALTON MADISON PROP MGMT  
381 N KROME AVENUE, SUITE 205  
HOMESTEAD, FL 33030

**FEI Number: 59-2778217**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 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: MARIA ARIAS**

**06/29/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name MOHAMAD, SHAHMOHAMADY  
Address 381 N KROME AVENUE, SUITE 205  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR, SECRETARY  
Name KADEL, KURT  
Address 381 N KROME AVENUE, SUITE 205  
City-State-Zip: HOMESTEAD FL 33030

Title PRESIDENT, DIRECTOR  
Name TALEBI, TONY DR.  
Address 381 N KROME AVENUE, SUITE 205  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR  
Name COTURE, MICHELLE  
Address 381 N KROME AVENUE, SUITE 205  
City-State-Zip: HOMESTEAD FL 33030

Title DIRECTOR, VP  
Name CETTA, KARL W  
Address 381 N KROME AVENUE  
205  
City-State-Zip: HOMESTEAD FL 33030

*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: TONY TALEBI**

**P**

**06/29/2020**

Electronic Signature of Signing Officer/Director Detail

Date