## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 769720** 

Entity Name: TOWER PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATIO,

INC.

FILED
Apr 28, 2016
Secretary of State
CC5039769595

## **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 04/28/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR, TREASURER Title PD

Name MOHAMAD, SHAHMOHAMADY Name GOLD, COREY

Address 381 N KROME AVENUE, SUITE 205 Address 381 N KROME AVENUE, SUITE 205

City-State-Zip: HOMESTEAD FL 33030 City-State-Zip: HOMESTEAD FL 33030

Title VP, DIRECTOR Title D, SECRETARY

Name TALEBI, TONY DR. Name CONRADO, CARLOS

Address 381 N KROME AVENUE, SUITE 205 Address 381 N KROME AVENUE, SUITE 205

City-State-Zip: HOMESTEAD FL 33030 City-State-Zip: HOMESTEAD FL 33030

Title D

Name COTURE, MICHELLE

Address 381 N KROME AVENUE, SUITE 205

City-State-Zip: HOMESTEAD FL 33030

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Electronic Signature of Signing Officer/Director Detail

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.