

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 01, 2013
Secretary of State
CC3211643938

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:

MAAS, JOHN P
44 NE 16 STREET
HOMESTEAD, FL 33030 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 VPD
Name MOHAMAD, SHAHMOHAMADY
Address 381 N KROME AVENUE, SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title PD
Name GOLD, COREY
Address 381 N KROME AVENUE, SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title STD
Name LUCIANO, ERLYN
Address 381 N KROME AVENUE, SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title D
Name CONRADO, CARLOS
Address 381 N KROME AVENUE, SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title D
Name GOOSBY, DR.
Address 381 N KROME AVENUE, SUITE 205
City-State-Zip: HOMESTEAD FL 33030

Title D
Name COTURE, MICHELLE
Address 381 N KROME AVENUE, SUITE 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: COREY GOLD

P

05/01/2013

Electronic Signature of Signing Officer/Director Detail

Date