2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769720

Entity Name: TOWER PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATIO,

INC.

FILED Apr 26, 2018 Secretary of State CC8535037465

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 04/26/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title DIRECTOR, TREASURER Title DIRECTOR, SECRETARY

Name MOHAMAD, SHAHMOHAMADY Name KADEL, KURT

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 PRESIDENT, DIRECTOR Title DIRECTOR

Name TALEBI, TONY DR. Name COTURE, MICHELLE

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 DIRECTOR
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.

Electronic Signature of Signing Officer/Director Detail