

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02572

**Entity Name:** CORAL SPRINGS TOWER CLUB II CONDOMINIUM  
ASSOCIATION, INC.**FILED**  
**Feb 17, 2018**  
**Secretary of State**  
**CC4561824625****Current Principal Place of Business:**POINTE MANAGEMENT GROUP, INC.  
1100 SW 10TH STREET SUITE B  
DELRAY BEACH, FL 33444**Current Mailing Address:**1100 SW 10TH STREET  
SUITE B  
DELRAY BEACH, FL 33444 US**FEI Number: 59-2440715****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RANDALL K. ROGER & ASSOCIATES, P.A.  
ONE PARK PLACE - 621 N.W. 53RD STREET  
#300  
BOCA RATON, FL 33487 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	PRESIDENT
Name	SEQUEIRA, JOSE
Address	2701 RIVERSIDE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	VP
Name	HOLDEN, NANCY
Address	RIVERSIDE DRIVE
City-State-Zip:	CORAL SPRINGS FL 33065

Title	TREASURER
Name	BECK, JUDY
Address	2701 RIVERSIDE DRIVE B-302
City-State-Zip:	CORAL SPRINGS FL 33065

Title	SECRETARY
Name	ANDREWS, DEXTER
Address	2701 RIVERSIDE DRIVE #B-313
City-State-Zip:	CORAL SPRINGS FL 33065

Title	DIRECTOR
Name	LOPACKI, HELEN
Address	2701 RIVERSIDE DRIVE #B-314
City-State-Zip:	CORAL SPRINGS FL 33065

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: JOSE SEQUEIRA****PRESIDENT****02/17/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date