

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010914

**FILED**  
**Apr 25, 2016**  
**Secretary of State**  
**CC6258729433**

**Entity Name:** TDR TOWER II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

15901 COLLINS AVENUE  
MANAGEMENT OFFICE  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

15901 COLLINS AVENUE  
MANAGEMENT OFFICE  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number: 26-2841065**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, 11TH FLOOR  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name SISMANOGLOU, MARIA  
Address 15901 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title TREASURER  
Name GOODMAN, JULIE  
Address 15901 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title VP  
Name DUCOTE, MICHAEL  
Address 15901 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SECRETARY  
Name YEFIM, LEV  
Address 15901 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title DIRECTOR  
Name SELVAGGIO, ADRIANA  
Address 15901 COLLINS AVENUE  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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: MARIA SISMANOGLOU**

**PRESIDENT**

**04/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date