

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010914

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	SISMANOGLU, MARY
Address	15901 COLLINS AVENUE
City-State-Zip:	SUNNY ISLES BEACH FL 33160

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

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

Title	TREASURER
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: MARY SISMANOGLU**PRESIDENT****01/26/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date