

Document #: 717338

#2, IV

Name: Traflagar Towers Association

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90009 023 ****61.25

Principal Place of Business 1410 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019-2312 US		Mailing Address 1410 SOUTH OCEAN DRIVE HOLLYWOOD FL 33019-2312 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1298810		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GLAZER & ASSOCIATES, P.A. 1920 E. HALLANDALE BEACH BLVD. STE. 806 HALLANDALE BEACH FL 33009		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
 Due By May 1, 2008

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRADA, LUIS 1410 S. OCEAN DR. #506 HOLLYWOOD FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	0 KAREN OWENS ☐ Change ☒ Addition 1410 S. Ocean Dr. 0207 Hollywood FL. 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD REISS, RICHARD 1410 S. OCEAN DRIVE #1407 HOLLYWOOD FL 33019 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. DELBERT MENDER ☐ Change ☒ Addition 1410 S. Ocean Dr. 0703 Hollywood FL. 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, TODD 1410 S OCEAN DRIVE # 1508 HOLLYWOOD FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5. JOHN McHENRY ☐ Change ☐ Addition 1410 S. Ocean Dr. 0403 Hollywood FL. 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WRIGHT, STEVE 1410 S. OCEAN DRIVE # 1204 HOLLYWOOD FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. WRIGHT. STEVE ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, SHIELA 1410 S. OCEAN DR. #1005 HOLLYWOOD FL 33019 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COGOLLOS, JUAN CARLOS 1410 S. OCEAN DRIVE # 1602 HOLLYWOOD FL 33019 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-08