

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # 717486

1. Entity Name
MIDDLE RIVER TOWER, INC.



Principal Place of Business
**1881 MIDDLE RIVER DR
FORT LAUDERDALE, FL 33305 US**

Mailing Address
**1881 MIDDLE RIVER DR
FORT LAUDERDALE, FL 33305 US**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1352302

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DONEGAN, OTTO
1881 MIDDLE RIVER DR
#706
FORT LAUDERDALE, FL 33305**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
OTTO, DONEGAN
STREET ADDRESS
1881 MIDDLE RIVER DR
CITY-ST-ZIP
FORT LAUDERDALE, FL 33305

TITLE
VP
NAME
ECKERLE, GEORGE
STREET ADDRESS
1881 MIDDLE RIVER DR., #602
CITY-ST-ZIP
FT. LAUDERDALE, FL 33305

TITLE
D
NAME
WALKER, JOE
STREET ADDRESS
1881 MIDDLE RIVER DR., #206
CITY-ST-ZIP
FT. LAUDERDALE, FL 33305

TITLE
ST
NAME
OHLER, DORIS
STREET ADDRESS
1881 MIDDLE RIVER DR. #207
CITY-ST-ZIP
FT. LAUDERDALE, FL 33304

TITLE
D
NAME
POLLOCK, MICHAEL
STREET ADDRESS
2441 BAYVIEW DRIVE
CITY-ST-ZIP
FORT LAUDERDALE, FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UD00000781750
01/15/08-80046-023 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

Otto Donegan - OTTO DONEGAN

1/14/08 (954)
630-8703
Date Daytime Phone #