NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2004 8:00 am
Secretary of State
03-23-2004 90002 022 ****61.25

DOCUMENT #

1. Entity Name

CRESTVIEW TOWERS CONDOMINIUM ASSOCIATION, INC

DO NOT WRITE IN THIS SPACE

54021207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2025 NE 164TH STREET	2025 NE 164TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NORTH MIAMI BEACH, FLORIDA	City & State: NORTH MIAMI BEACH
Zip: 33162 / Country: UNITED STATES	Zip: 33162 / Country: UNITED STATES

4. FEI Number 59-1357386 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Howard J. Kusnick, P.A.

Street Address (P.O. Box Number is Not Acceptable)

300 NW 82 ND Avenue, Suite#505

City: Fort LAuderdale **FL** Zip Code: 33324

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

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

TITLE P NAME HENRY BOZA STREET ADDRESS 2025 NE 164TH STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE V NAME CARMEN PEREZ STREET ADDRESS 2025 NE 164TH STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE S NAME SONIA BORTOLIN STREET ADDRESS 2025 NE 164TH STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE T NAME IRMA B. JONES STREET ADDRESS 2025 NE 164TH STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE ~~D~~ NAME ~~JOHANNA LINARES~~ STREET ADDRESS 2025 NE 164 STREET CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/29/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #