

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90058 031 \*\*\*\*61.25

**DOCUMENT # 718423**

1. Entity Name

CENTURY TOWERS SOCIAL CLUB, INC.



Principal Place of Business

100 KINGS POINT DRIVE  
1809  
SUNNY ISLES FL 33160  
US

Mailing Address

100 KINGS POINT DRIVE  
1809  
SUNNY ISLES FL 33160  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MUCCIOLO, JOHN  
100 KINGS POINT DRIVE  
APT 1809  
SUNNY ISLES FL 33160

7. Name and Address of New Registered Agent

Name NADINE LITTELMAN

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

100 KINGS POINT DRIVE APT 919

City Sunny Isles

FL Zip Code 33160

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

John Muccio

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

(NOTE: Registered Agent signature required when reinstating)

2/15/04

DATE

**FILE NOW: FEE IS \$61.25**

**Due By May 1, 2004**

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 PD  
NAME LITTELMAN, NADINE ☐ Delete  
STREET ADDRESS 100 KINGS POINT DRIVE  
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE DT  
NAME LUBIN, ROSE ☒ Delete  
STREET ADDRESS 100 KINGS POINT DR STE 1212  
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE VD  
NAME SOLOMON, SALLY ☒ Delete  
STREET ADDRESS 100 KINGS POINT DR STE 904  
CITY-ST-ZIP N. MIAMI BEACH FL 33160

TITLE T  
NAME MUCCIOLO, JOHN ☒ Delete  
STREET ADDRESS 100 KINGS PT DR  
CITY-ST-ZIP N MIAMI BEACH FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Muccio JOHN MUCCIOLO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/04

Date

305-945-9308

Daytime Phone #