

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722603

1. Entity Name

TOWER 1515 CONDOMINIUM APARTMENTS ASSOCIATION, I

Principal Place of Business

1515 S. FLAGLER DR.
WEST PALM BCH FL 33401
US

Mailing Address

1515 S. FLAGLER DR.
WEST PALM BCH FL 33401-7140
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

~~GROSSEN, JOSEPH P~~
~~4230 NORTHLAKE BLVD, SUITE D~~
~~PALM BEACH GARDENS FL 33410~~

7. Name and Address of New Registered Agent

Name
Associated Property Management
Street Address (P.O. Box Number is Not Acceptable)
400 South Dixie Highway, #10
City LAKE WORTH FL Zip Code 33460

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PARKS, BERNICE	
STREET ADDRESS	1515 S. FLAGLER DR, #301	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BAXTER, THOMAS	
STREET ADDRESS	1515 S. FLAGLER DR #2803	
CITY-ST-ZIP	W. PALM BEACH FL 33401	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SID, POE	
STREET ADDRESS	1515 S FLAGLER DR #802	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	CORLE, CHARLES	
STREET ADDRESS	1515 S. FLAGLER DR.	
CITY-ST-ZIP	WPB FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOURGUiART, BERNARD	
STREET ADDRESS	1515 S. FLAGLER DR.	
CITY-ST-ZIP	WPB FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPITZNER, THOMAS	
STREET ADDRESS	1515 S. FLAGLER DR., #2504	
CITY-ST-ZIP	WPB FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE J. THOMAS	
STREET ADDRESS	1515 S. FLAGLER #2903	
CITY-ST-ZIP	WEST PALM BCH FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Janning, Beth	
STREET ADDRESS	1515 South Flagler Drive #801	
CITY-ST-ZIP	WPB, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90139 024 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1531578 Applied For Not Applicable

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

CR2E037 (9/99)