

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90148 035 ****61.25

DOCUMENT # 722603

1. Entity Name

**TOWER 1515 CONDOMINIUM APARTMENTS
ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

1515 S FLAGLER DRIVE
WEST PALM BEACH FL 33401
US

2. Principal Place of Business

2994 Jog Road
Suite, Apt. #, etc.

Suite B
City & State

Greenacres, Florida

Zip
33467

Country
US

3. Mailing Address

2994 Jog Road
Suite, Apt. #, etc.

Suite B
City & State

Greenacres, Florida

Zip
33467

Country
US



1st MOORE

CR2E037 (10/04)

20054516

4. FEI Number

59-1531578

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~STOLOFF, SCOTT A
DICKER KRIVOK & STOLOFF
1818 AUSTRALIAN AVE S (SUITE 400)
WEST PALM BEACH FL 33409~~

7. Name and Address of New Registered Agent

Name Scot A. Gerrish

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

2994 Jog Road Suite B

City Greenacres

FL

Zip Code
33467

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, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LORBER, ELLEN 1515 S FLAGLER #1701 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAYIAN, CHARLES 1515 S FLAGLER DR #1201 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOURGUIART, BERNARD 1515 S FLAGLER DR., PH-3 W. PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANNING, BETH 1515 S FLAGLER DR #801 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARKS, BERNICE 1515 S FLAGLER DR., #301 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DERI, CHARLES 1515 S FLAGLER DR., #1502 WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Baransky, Orest 1515 Flagler Dr West Palm Beach FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Welsh, Kathi 1515 Flagler Dr West Palm Beach FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Janning, Beth 1515 Flagler Dr #801 West Palm Beach FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lobel, Gary 1515 Flagler Dr West Palm Beach, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martin, Jason 1515 Flagler Dr West Palm Beach FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 #

Apr. 1 26, 2005 (561) 611-106