

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90083 019 ****61.25

DOCUMENT # 722603

1. Entity Name

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



Principal Place of Business

Mailing Address

2994 JOG ROAD
SUITE B
GREENACRES FL 33467
US

2994 JOG ROAD
SUITE B
GREENACRES FL 33467
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

GERRISH, SCOT A.
2994 JOG ROAD
SUITE B
LAKE WORTH FL 33467

Name

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

City

FL

Zip Code

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 DT
NAME BARANSKY, DREST ☐ Delete
STREET ADDRESS 1515 FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE SD
NAME DAYIAN, CHARLES ☐ Delete
STREET ADDRESS 1515 S FLAGLER DR #1201
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE VPD
NAME WALSH, KETTI ☐ Delete
STREET ADDRESS 1515 FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE PD ☒ Delete
NAME JANNING, BETH
STREET ADDRESS 1515 S FLAGLER DR #801
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☐ Delete
NAME LOBEL, GARY
STREET ADDRESS 1515 FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☒ Delete
NAME MARTIN, JASON
STREET ADDRESS 1515 FLAGLER DRIVE
CITY-ST-ZIP WEST PALM BEACH FL 33401

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME Riad, Hani
STREET ADDRESS 1515 FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☒ Change ☐ Addition
NAME DAYIAN, CHARLES
STREET ADDRESS 1515 FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☒ Change ☐ Addition
NAME WALSH, KATHI
STREET ADDRESS 1515 FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE D ☐ Change ☒ Addition
NAME HORN, CHRIS
STREET ADDRESS 1515 FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE SD ☒ Change ☐ Addition
NAME LOBEL, GARY
STREET ADDRESS 1515 FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH, FL 33401

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 exemptions contained in Section 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

4/10/06 561-833-8170