FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998

DOCUMENT #

727234

(7)

TOWER FORTY ONE ASSOCIATION, INC.

FILED
Mar 03 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address			1 120111 16210 11011 18210 11000 11111 6187 01811 01011 81011 81011 01011 91011 91011			
4101 PINETREE DR MIAMI BEACH FL 33140		4101 PINETREE DR MIAMI BEACH FL 33140		3. Date Incorporated or Qualified 08/17/1973		
				4. FEI Number Applied For		
8 00-1-16	SET - (B	2a. Mailing Address		59-1497018 Not Applicab		
2. Principal F	Place of Business	26 Maining Address		5. Certificate of Status Desired S8.75 Additional Fee Required		
Suite, Apt	. #, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be		
22		27		Trust Fund Contribution Added to Fees		
City & Sta	le	City & State		7. Is this nonprofit corporation a homeowners association?		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible		
24	26		0	Personal Property Tax due June 30. 🔀 Yes 🔲 No		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered Agent		
			81 Name	MAN & KAPLAN P.A. Address (P.O. Box Number is Not Acceptable)		
-BECKET	1, poliakoff & streitfeld, p	.A	B2 Street	Address (P.O. Box Number is Not Acceptable)		
	UE LAGOON DRIVE, #250			0 W. Flagler St.		
-,	L-33126		63	· · · · · · · · · · · · · · · · ·		
			64 City	85 Zip Code		
) ⁄/	64 City	Milania FL 15 24 Cook		
11. Pursuant	11. Pursuant to the provisions of Sections 17.050 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or bith, this State of Iring Iring State of Iring Irin					
office or	registered agent, or bith, fylle State	of Iorida. Such change was au	thorized by the corp da Statutes	poration's board of directors. I hereby accept the appointment as registered		
agon. r	Jolo J. M. X		era Charletoo.	2/20/98		
SIGNATURE		funt and trille rapplicable (NOTE: I	Registered Agent signature	e required when reinstaling) DATE		
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	17 /	DELETE	1.1 TITLE	Change X Additi		
NAME	MORDY SOHM	$\langle \langle \rangle \rangle / \langle \rangle$	1.2 NAME	Arnold MEYER		
STREET ADDRESS	4101 PINE TREE DR APT 12	214	1.3 STREET ADDRESS	4141 Pine Tree Dr.Apt.#1821		
CITY-ST-ZIP	MIAMI BCH FL		1.4 CITY - ST - ZIP	Miami Beach Fl 33140		
TITLE	CEO	X DELETE	2.1 TITLE	☐ Change		
NAME	ZELINGER, SAM		2.2 NAME	Herbert GARFINKEC		
STREET ADDRESS	4101 PINE TREE DR		2.3 STREET ADDRESS	1101 Pine Tree Dr Ant #509		
CITY-ST-ZIP	MIAMI BCH FL		2. 4 CITY - ST - ZIP	4101 Pine Tree Dr.Apt.#509 Miami Beach,Fl 33140		
TITLE	DVP	DELETE	3.1 TITLE	Change 1X) Additi		
NAME	SCHWARTZ, DAVID		3.2 NAME	Alex. Paul		
STREET ADDRESS	4101 PINE TREE DR		3.3 STREET ADDRESS	4101 Pine Tree Dr Apt. #502		
CITY-ST-ZIP	MIAMI BCH FL		3.4. CITY-ST-ZIP	4101 Pi Re Tree Dr. Apt.#502 Miami Beach, Fl 33140		
TITLE	SD	JELETE KLK	4.1 TITLE	Change IX Additi		
NAME	TUROFF, MITCHELL		4.2 NAME	Evelyn Genet		
STREET ADDRESS	4101 PINETREE DR		4.3 STREET ADDRESS	4101 Pine Tree Dr. Apt.#1127		
CITY-ST-ZIP	MIAMI BCH FL		4.4 CITY - ST - ZIP	4101 Pine Tree Dr. Apt.#1127 Miami Beach,Fl 33140		
TITLE	PD	DELETE	5.1 TITLE	Change X Addit		
NAME	DINERSTEIN, MURRAY		5.2 NAME	Sam. Cohen		
STREET ADDRESS			5.3 STREET ADDRESS	4101 Pine Tree Dr., Apt.#1826		
CITY-ST-ZIP	MIAMI BEACH FL		5.4 CITY-ST-ZIP	Milami Reach Fl 33140		
TITLE		DELETE	6.1 TITLE	I Channe ! Landin		
NAME			6.2 NAME	1 T And H KADA		
STREET ADDRESS			6.3 STREET ADDRESS	LUIDI PINE TICE IN. HIPI 1831		
CITY-ST-ZIP			6.4 CITY-ST-ZIP	MIAMI DEACH, Fl. 33140.		
dit - Si-zir	at the first state of the state	with this filing does not muclify for	the exemption stat	ad in Section 119 07(3)(i) Florida Statutes I further certify that the information		

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 annual report or supplemental annual 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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

TURP AND TYPED OR PRINTED NAME OF BIONING OFFICER OR DIRECTOR

13/98 305-534-1