FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB -1 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0030590

DOCUMENT # 727234

1. Corporation Name
TOWER FORTY ONE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4101 PINETREE DR MIAMI BEACH FL 33140	4101 PINETREE DR MIAMI BEACH FL 33140

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

3. Date Incorporated or Qualifed: 08/17/1973
4. FEI Number: 59-1497018 ☐ Applied For ☐ Not Applicable
5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. **Name and Address of Current Registered Agent**

HYMAN & KAPLAN P.A.
150 W FLAGLER ST
Y
MIAMI FL 33126

500002770455--5
-02/09/99--01115--007
*****61.25 *****61.25

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MEYER, ARNOLD 4141 PINE TREE DR, APT. 1821 MIAMI BCH FL 33140	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Murray D. Nierstein 4101 Pine Tree Dr, #1706 Miami Beach FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARFINKER, HERBERT 4101 PINE TREE DR, APT. ~~509~~ 401 MIAMI BCH FL 33140	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	S Andrew Gordon 4101 Pine Tree Dr, #709 Miami Beach, FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V D ALEX, PAUL 4101 PINE TREE DR, APT. 502 MIAMI BCH FL 33140	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Chanoch Goelman 4101 Pine Tree Dr #1105 Miami Beach, FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S V GENET, EVELYN 4101 PINE TREE DR, APT. 1127 MIAMI BCH FL 33140	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Julius Sand 4101 Pine Tree Dr. #829 Miami Beach FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COHEN, SAM 4101 PINE TREE DR, APT. 1826 MIAMI BEACH FL 33140	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Morday Sohn 4101 Pine Tree Dr #1230 Miami Beach, FL 33140	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOPEL, MORTON H 4101 PINE TREE DR, APT. 1831 MIAMI BEACH FL 33140	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Samuel Wiesner 4101 Pine Tree Dr #326 Miami Beach FL 33140	☐ Change ☑ Addition

14. 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 trustee 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, with all other like empowered.

SIGNATURE: _____ 1/22/99 (305)534 8378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)