2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2004 8:00 am
Secretary of State
06-08-2004 90002 016 ****61.25

DOCUMENT # 727234

1. Entity Name
TOWER FORTY ONE ASSOCIATION, INC.

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

05182004 Chg-NP CR2E037 (10/03)

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 59-1497018 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent (Joseph Gangozza)

BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE STE 100
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: HYMAN, KAPLAN, GANGOZZA, SPECTOR & MARS
Street Address (P.O. Box Number is Not Acceptable): MUSEUM TOWER, TWENTY-SEVENTH FLOOR
150 West Flagler Street
City: MIAMI, FLORIDA FL Zip Code: 33130

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 _____ 6/1/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 8, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GREENBAUM, FERN 4101 PINETREE DRIVE MGMT OFFICE MIAMI BCH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RINGLER, SHAUL 4101 PINETREE DRIVE MGMT. office MIAMI BEACH, FL. 33140 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MEYER, ARNOLD 4101 PINETREE DRIVE MGMT OFFICE MIAMI BCH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RINGLER, SHAUL 4101 PINETREE DRIVE MGMT OFFICE MIAMI BCH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD CASTELLON, CAMILO 4101 PINETREE DRIVE MGMT. office MIAMI BEACH, FL. 33140 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASTELLON, CAMILO 4101 PINETREE DRIVE MGMT OFFICE MIAMI BCH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LEON BEYLUS 4101 PINETREE DRIVE MGMT. office MIAMI BEACH, FL. 33140 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENENFORD, HARRIET 4101 PINETREE DRIVE MGMT OFFICE MIAMI BEACH, FL 33140	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. EVELYN GENET FISHBEIN 4101 PINE TREE DRIVE MGMT. office MIAMI BEACH, FL. 33140 ☐ Change ☒ 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: _____ May 26, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #