

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 14, 2010
Secretary of State

DOCUMENT# 730478

Entity Name: TOWER 1800 CONDOMINIUM, INC.

Current Principal Place of Business:

1800 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1800 COLLINS AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 59-1706911 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

RESNICK, AARON
235 LINCOLN ROAD
SUITE 310
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: STACHL, JOHN MR.
Address: 1800 COLLINS AVENUE APT 7F
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP
Name: JAMES-DOUGLAS, NELLY
Address: 1800 COLLINS AVENUE, APT. 9F
City-St-Zip: MIAMI BEACH, FL 33139

Title: T
Name: SCHLEMPP, GIULIANA
Address: 1800 COLLINS AVENUE, APT. 8C
City-St-Zip: MIAMI BEACH, FL 33139

Title: S
Name: BOYESCU, MARISSA
Address: 1800 COLLINS AVENUE, APT. 12D
City-St-Zip: MIAMI BEACH, FL 33139

Title: O
Name: TORRE-SARALAT, FERNANDO MR.
Address: 1800 COLLINS AVENUE, APT. 14A
City-St-Zip: MIAMI BEACH, FL 33139

Title: NA
Name: NA, NA
Address: 1800 COLLINS AVE.
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GIULIANA SCHLEMPP

MRS

09/14/2010

Electronic Signature of Signing Officer or Director

_____ Date