

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730544

**FILED**  
**Jul 01, 2004**  
**Secretary of State****Entity Name:** THE TOWERHOUSE CONDOMINIUM, INC.**Current Principal Place of Business:**5500 COLLINS AVENUE  
MIAMI BEACH, FL 33140**New Principal Place of Business:****Current Mailing Address:**5500 COLLINS AVENUE  
MIAMI BEACH, FL 33140**New Mailing Address:****FEI Number:** 59-1549381**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WAYNE, GARRETT C  
5500 COLLINS AVE.  
MIAMI BEACH, FL 33140 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: VD ( ) Delete  
Name: RUSKIN, LLOYD MR  
Address: 5500 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD ( ) Delete  
Name: SINGANY, HARRIET MRS.  
Address: 5500 COLLINS AVE  
City-St-Zip: MIAMI BCH, FL

Title: TD ( ) Delete  
Name: BICKOW, HAROLD MR  
Address: 5500 COLLINS AVENUE  
City-St-Zip: MIAMI BCH, FL

Title: PD ( ) Delete  
Name: MAYER, DAVID DR  
Address: 5500 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL

Title: SD ( ) Delete  
Name: SPEAR, HAROLD DR  
Address: 5500 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VD (X) Change ( ) Addition  
Name: SPEAR, HAROLD DR  
Address: 5500 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VD (X) Change ( ) Addition  
Name: JOHNSON, LARRY MR  
Address: 5500 COLLINS AVE  
City-St-Zip: MIAMI BCH, FL

Title: TD (X) Change ( ) Addition  
Name: ELOVIC, EUGENE DR  
Address: 5500 COLLINS AVENUE  
City-St-Zip: MIAMI BCH, FL

Title: PD (X) Change ( ) Addition  
Name: ARKIN, STANLEY MR  
Address: 5500 COLLINS AVE  
City-St-Zip: MIAMI BEACH, FL

Title: SD (X) Change ( ) Addition  
Name: MAYER, DAVID DR  
Address: 5500 COLLINS AVENUE  
City-St-Zip: MIAMI BEACH, FL

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: DR. EUGENE ELOVIC

TD

07/01/2004

Electronic Signature of Signing Officer or Director

Date