

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:44

DOCUMENT # 730810 (9)  
1. Corporation Name  
2100 TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address  
2100 NORTH ATLANTIC AVENUE 2100 NORTH ATLANTIC AVENUE  
COCOA BEACH FL 32931 COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/27/1974	3a. Date of Last Report 04/26/1994
4. FEI Number 59-1583525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$6.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCDONALD, JOHN 2100 N. ATLANTIC AVE. COCOA BEACH FL 32931				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	P	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, OTTO	1.2 NAME	Watson, Otto
STREET ADDRESS	2100 N ATLANTIC AVE 3708	1.3 STREET ADDRESS	2100 N. Atlantic Ave. # 706
CITY-ST-ZIP	COCOA BEACH FL	1.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	V	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENFIELD, MURRAY	2.2 NAME	Greenfield, Murray
STREET ADDRESS	2100 N ATLANTIC AVE #607	2.3 STREET ADDRESS	2100 N. Atlantic Ave. # 607
CITY-ST-ZIP	COCOA BEACH FL	2.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, JOHN B	3.2 NAME	
STREET ADDRESS	2100 N ATLANTIC AVE #1105	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUFFREY, CAROLYN	4.2 NAME	
STREET ADDRESS	2100 N ATLANTIC AVE #601	4.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODAPP, MARK	5.2 NAME	Hodapp, Mark
STREET ADDRESS	2100 N ATLANTIC AVE #1001	5.3 STREET ADDRESS	2100 N. Atlantic Ave. # 1001
CITY-ST-ZIP	COCOA BEACH FL	5.4 CITY-ST-ZIP	Cocoa Beach, FL 32931
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEISENHEIMER, JO	6.2 NAME	
STREET ADDRESS	2100 N ATLANTIC AVE #1104	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 the attachment with an address.

SIGNATURE: *John B. McDonald* DATE: 3/14/95 407-783-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone