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FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 730810 (9)

1. Corporation Name
2100 TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2100 NORTH ATLANTIC AVENUE COCOA BEACH FL 32931	Mailing Address 2100 NORTH ATLANTIC AVENUE COCOA BEACH FL 32931
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3. Date Incorporated or Qualified
09/27/1974

4. FEI Number
59-1583525

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MCDONALD, JOHN
2100 N. ATLANTIC AVE.
COCOA BEACH FL 32931

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BUSSE, CHARLOTTE	
STREET ADDRESS	2100 N ATLANTIC AVE UNIT #1203	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREENFIELD, MURRAY	
STREET ADDRESS	2100 N ATLANTIC AVE #607	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROELOF, SCHULING	
STREET ADDRESS	2100 N ATLANTIC AVE #503	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LUND, MNARY	
STREET ADDRESS	2100 N ATLANTIC AVE #205	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LARAMIE, DAVID	
STREET ADDRESS	2100 N ATLANTIC AVE, #907	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHMAN, ARNOLD	
STREET ADDRESS	2100 N ATLANTIC AVE #901	
CITY-ST-ZIP	COCOA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David LeCompte	
2.3 STREET ADDRESS	2100 N. Atlantic Ave. # 504	
2.4 CITY-ST-ZIP	Cocoa Beach, FL	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Lund	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Daine Corsi	
5.3 STREET ADDRESS	2100 N. Atlantic Ave. # 1002	
5.4 CITY-ST-ZIP	Cocoa Beach, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mark Hodapp	
6.3 STREET ADDRESS	2100 N. Atlantic Ave. # 1001	
6.4 CITY-ST-ZIP	Cocoa Beach, FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *(Handwritten Signature)* **4/22/98**

CR2E037 (10/97)