

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 730810

1. Entity Name

2100 TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90017 038 ****61.25

Principal Place of Business

Mailing Address

2100 NORTH ATLANTIC AVENUE
 COCOA BEACH FL 32931

2100 NORTH ATLANTIC AVENUE
 COCOA BEACH FL 32931-3324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1583525

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____

 City **FL** Zip Code _____

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE P <input checked="" type="checkbox"/> Delete NAME BUSSE, CHARLOTTE STREET ADDRESS 2100 N ATLANTIC AVE UNIT #1203 CITY-ST-ZIP COCOA BEACH FL	TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Carolyn Guffrey STREET ADDRESS 2100 N. Atlantic Ave. #601 CITY-ST-ZIP Cocoa Beach, FL 32931
TITLE D <input type="checkbox"/> Delete NAME LECOMPTE, DAVID STREET ADDRESS 2100 N ATLANTIC AVE 504 CITY-ST-ZIP COCOA BEACH FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE D <input checked="" type="checkbox"/> Delete NAME ROELOF, SCHUILING STREET ADDRESS 2100 N ATLANTIC AVE #503 CITY-ST-ZIP COCOA BEACH FL	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Murray Greenfield STREET ADDRESS 2100 N. Atlantic Ave. #607 CITY-ST-ZIP Cocoa Beach, FL 32931
TITLE T <input type="checkbox"/> Delete NAME MCDONALD, JOHN STREET ADDRESS 2100 N ATLANTIC AVE #1105 CITY-ST-ZIP COCOA BEACH FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE S <input type="checkbox"/> Delete NAME RICHMAN, ARNOLD STREET ADDRESS 2100 N ATLANTIC AVE #901 CITY-ST-ZIP COCOA BEACH FL	TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE VP <input type="checkbox"/> Delete NAME TREDE, BARBARA STREET ADDRESS 2100 N ATLANTIC AVE #708 CITY-ST-ZIP COCOA BEACH FL	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

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:

John McDonald
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)