

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2001 8:00 am**  
**Secretary of State**

03-27-2001 90054 009 \*\*\*\*61.25

**DOCUMENT # 730810**

1. Entity 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**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**59-1583525**       Not Applicable

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

**C0038193**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**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

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GUFFREY, CAROLYN</b>	
STREET ADDRESS	<b>2100 N ATLANTIC AVE #601</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LECOMPTE, DAVID</b>	
STREET ADDRESS	<b>2100 N ATLANTIC AVE 504</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GREENFIELD, MURRAY</b>	
STREET ADDRESS	<b>2100 N ATLANTIC AVE #607</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL 32931</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCDONALD, JOHN</b>	
STREET ADDRESS	<b>2100 N ATLANTIC AVE #1105</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RICHMAN, ARNOLD</b>	
STREET ADDRESS	<b>2100 N ATLANTIC AVE #901</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TREDE, BARBARA</b>	
STREET ADDRESS	<b>2100 N ATLANTIC AVE #708</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Eagan, Rex</b>	
STREET ADDRESS	<b>2100 N. Atlantic Ave. # 705</b>	
CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Viti, Rose M.</b>	
STREET ADDRESS	<b>2100 N. Atlantic Ave. # 908</b>	
CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Errico, Nancy</b>	
STREET ADDRESS	<b>2100 N. Atlantic Ave. # 701</b>	
CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Tempel, Lia C.</b>	
STREET ADDRESS	<b>2100 N. Atlantic Ave. # 709</b>	
CITY-ST-ZIP	<b>Cocoa Beach, FL 32931</b>	

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: *MCDONALD, JOHN*      **3/23/01**      **321-783-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (10/00)