


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90064 019 ****61.25

DOCUMENT # 730810
 1. Entity 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

24033382



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03242004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
 59-1583525

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE V
 NAME TREDE, WARD
 STREET ADDRESS 2100 N. ATLANTIC AVE. #708
 CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME JONES, CAROLYN
 STREET ADDRESS 2100 N ATLANTIC AVE #1209
 CITY-ST-ZIP COCOA BEACH, FL

TITLE D
 NAME John McDonald.
 STREET ADDRESS 2100 N. Atlantic Ave #1105
 CITY-ST-ZIP Cocoa Beach, FL 32931

TITLE P
 NAME GREENFIELD, MURRAY
 STREET ADDRESS 2100 N ATLANTIC AVE #607
 CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE P
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE T
 NAME VITI, ROSE M
 STREET ADDRESS 2100 N ATLANTIC AVENUE #908
 CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE S
 NAME ERRICO, NANCY
 STREET ADDRESS 2100 N ATLANTIC AVENUE #701
 CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE P
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D
 NAME HARRIS, LORRAINE
 STREET ADDRESS 2100 N. ATLANTIC AVE. #1205
 CITY-ST-ZIP COCOA BEACH, FL 32931

TITLE S
 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: Nancy Errico **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Nancy Errico **NAME** 3/25/04 **DATE** (321)783-3000 **DAYTIME PHONE #**