

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91400 007 ****61.25

DOCUMENT # 737400

1. Entity Name
GABRIEL TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**801 N OCEAN BLVD.
% OFFICE
POMPANO BEACH FL 33062
US**

Mailing Address

**801 N OCEAN BLVD.
% OFFICE
POMPANO BEACH FL 33062
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2066697**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAMON, RONALD
801 N OCEAN BLVD.
#404
POMPANO BEACH FL 33062**

Name **Joan Bodner Powell**

Street Address (P.O. Box Number is Not Acceptable)
801 N Ocean Blvd

City **Pompano Bch** FL Zip Code **33062**

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 *Joan Bodner Powell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **4/23/03**

FILE NOW: FEE IS \$61.25

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 **PD** ☒ Delete
NAME **LAMON, RONALD**
STREET ADDRESS **801 N OCEAN BLVD. # 404**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME **Natasha Estrella**
STREET ADDRESS **801 N. Ocean Blvd. #404**
CITY-ST-ZIP **Pompano Bch, FL 33062**

TITLE **VPD** ☐ Delete
NAME **POWELL, JOAN**
STREET ADDRESS **801 N OCEAN BLVD. # 502**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME **Brenden Boyle**
STREET ADDRESS **801 N. Ocean Blvd #204**
CITY-ST-ZIP **Pompano Bch, FL 33062**

TITLE **D** ☒ Delete
NAME **POLIZZOTTO, JACK**
STREET ADDRESS **801 N. OCEAN BLVD #703**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME **Frank Toman**
STREET ADDRESS **801 N. Ocean Blvd #604**
CITY-ST-ZIP **Pompano Bch, FL 33062**

TITLE **D** ☒ Delete
NAME **HELD, JEANNE**
STREET ADDRESS **801 N. OCEAN BLVD #604**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Change ☐ Addition
NAME **Joan Bodner Powell**
STREET ADDRESS **801 N. Ocean Blvd**
CITY-ST-ZIP **Pompano Bch, FL 33062**

TITLE **D** ☒ Delete
NAME **BONNER, BETTY**
STREET ADDRESS **801 N. OCEAN BLVD #503**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Joan Bodner Powell

4/23/03

954 9437141

CR2E037 (10/02)