FILED

Apr 27, 2000 8:00 am Secretary of State

03-02-2000 90020 019 ****61.25

2000'UNIFORM BUSINESS REPORT (UBR)

Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOČUMENT # 744739

1. Entity Name

Principal Place of Business

CONDOMINIUM ASSOCIATION OF DRAKE TOWER, INC.

1800 N. ANDREWS AVE. 1800 N. ANDREWS AVE. FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-3933 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1875030 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALIEN MARTIN, PERRY 1800 N. ANDREWS AVE. OFFICE FT. LAUDERDALE FL 33311 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 1-10-2-000 SIGNATURE Signature, typed or pi led name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. 🔀 Change ☐ Addition TITLE Delete TITLE NAME BECKER, ROBERT NAME STREET ADDRESS STREET ADDRESS 1800 N. ANDREWS AVE. #2J CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 Change ☐ Addition TETLE TITLE Delete NAME NAME HALLACKER, ALLEN STREET ADDRESS STREET ADDRESS _1800 N ANDREWS AVE #8C _ CITY-ST-ZIP CMY-ST-ZIF FORT LAUDERDALE FL 33311. Change Addition TITLE Delete NAME NAME WHEELER, AL STREET ADDRESS STREET ADDRESS 1800 N ANDREWS AVE #8F CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33311 Change
Ch Delete. TITLE TITLE Talbot, Timoth NAME NAME JONES, NANCY STREET ADDRESS STREET ADDRESS 1800 N. ANDREWS AVE. #8D CITY-ST-ZIP CITY-ST-ZIF FT. LAUDERDALE FL 33311 Delete 🔀 Change Addition TITLE TITLE NAME QUADT, IRENE NAME STREET AODRESS STREET ADDRESS 1800 N. ANDREWS AVE. #11A CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 trues are appears in Block 10 or Block 11 it changed, or on an attachment with an addres WITE TREASURCE 2-10.2000

Date