

2002 UNIFORM BUSINESS REPORT (UBR)

1/3

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-30-2002 90015 001 ****61.25

DOCUMENT # 744739

1. Entity Name

CONDOMINIUM ASSOCIATION OF DRAKE TOWER, INC.

Principal Place of Business

1800 N. ANDREWS AVE.
 FT. LAUDERDALE FL 33311

Mailing Address

1800 N. ANDREWS AVE.
 FT. LAUDERDALE FL 33311

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 **59-1875030**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

PATTON, MICHAEL
 1800 N ANDREWS AVE # 11-I
 FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name **Perry Triffo**
 Street Address (P.O. Box Number is Not Acceptable)
1800 N. Andrews Ave, 6-D
 City **Ft. Lauderdale** FL Zip Code **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.

SIGNATURE

Signature typed or printed name of Registered Agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18.02

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	D	BECKER, ROBERT	☒ Delete
NAME		1800 N ANDREWS AVE, # 7 A	
STREET ADDRESS		FT. LAUDERDALE FL 33311	
CITY-ST-ZIP			
TITLE	T	GRACE, KARL	☒ Delete
NAME		1800 N ANDREWS AVE, # 4 K	
STREET ADDRESS		FORT LAUDERDALE FL 33311	
CITY-ST-ZIP			
TITLE	D	PATTON, MICHAEL	☒ Delete
NAME		1800 N ANDREWS AVE, # 11-I	
STREET ADDRESS		FORT LAUDERDALE FL 33311	
CITY-ST-ZIP			
TITLE	PD	TALBOT, TIMOTHY	☐ Delete
NAME		1800 N ANDREWS AVE, # 7 G	
STREET ADDRESS		FT. LAUDERDALE FL 33311	
CITY-ST-ZIP			
TITLE	V	QUADT, IRENE	☒ Delete
NAME		1800 N. ANDREWS AVE. #11A	
STREET ADDRESS		FT. LAUDERDALE FL 33311	
CITY-ST-ZIP			
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	☐ Change ☒ Addition
NAME	Patrick Cavanaugh	
STREET ADDRESS	1800 N. Andrews Ave, 7-I	
CITY-ST-ZIP	Ft. Lauderdale FL 33311	
TITLE	Dr. W. Allen Powell,	☐ Change ☒ Addition
NAME	Treasurer	
STREET ADDRESS	1800 N. Andrews, 11-E	
CITY-ST-ZIP	Ft. Lauderdale, FL 33311	
TITLE	Secretary	☐ Change ☒ Addition
NAME	Perry Triffo	
STREET ADDRESS	1800 N. Andrews Ave, 6-D	
CITY-ST-ZIP	Ft. Lauderdale FL 33311	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice-President	☐ Change ☒ Addition
NAME	James Cunningham	
STREET ADDRESS	1800 N. Andrews Ave. 12-8	
CITY-ST-ZIP	Ft. Lauderdale FL 33311	
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10.02

Date

954250620

Daytime Phone #

CR2E037 (9/01)