

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90012 032 ****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 TRITTON, PERRY. 1800 N ANDREWS AVE #6-D FT. LAUDERDALE, FL 33311			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 <u><i>Perry Tritton</i></u> <u><i>PERRY TRITTON</i></u> <u><i>8/12/04</i></u> 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 September 8, 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 NAME STREET ADDRESS CITY-ST-ZIP	V MARONCELLI, JAMESON 1800 N ANDREWS AVE 11F FT. LAUDERDALE, FL 33311 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gottlieb, Grace 1800 N. Andrews Ave 11k Ft Lauderdale FL 33311 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBB, GREG 1800 N ANDREWS AVE 2H FORT LAUDERDALE, FL 33311 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRITTO, PERRY 1800 N ANDREWS AVE 6-D FORT LAUDERDALE, FL 33311 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TALBOT, TIMOTHY 1800 N ANDREWS AVE, # 7 G FT. LAUDERDALE, FL 33311 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WYMAN, SCOTT 1800 N ANDREWS AVE PHJ FT. LAUDERDALE, FL 33311 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	vice President ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u><i>Greg Webb</i></u> <u><i>Greg Webb</i></u> <u><i>8/12/04</i></u> <u><i>954-763-1205</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					