

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90051 016 ****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**

40068111



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1875030

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

**TRITTO, PERRY
1800 N ANDREWS AVE # 6-D
FT. LAUDERDALE, FL 33311**

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, 2008**

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 ☐ Delete
NAME **D**
STREET ADDRESS **GOTTLIEB, GRACE**
CITY-ST-ZIP **1800 N ANDREWS AVE 11K
FT. LAUDERDALE, FL 33311**

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

TITLE ☒ Delete
NAME **T**
STREET ADDRESS **WEBB, GREG**
CITY-ST-ZIP **1800 N ANDREWS AVE 2H
FORT LAUDERDALE, FL 33311**

TITLE ☐ Change ☒ Addition
NAME **James Schnell**
STREET ADDRESS **1800 N. Andrews Ave, 4G**
CITY-ST-ZIP **Fort Lauderdale FL 33311**

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **TRITTO, PERRY**
CITY-ST-ZIP **1800 N ANDREWS AVE 6-D
FORT LAUDERDALE, FL 33311**

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

TITLE ☒ Delete
NAME **PD**
STREET ADDRESS **TALBOT, TIMOTHY**
CITY-ST-ZIP **1800 N ANDREWS AVE, # 7 G
FT. LAUDERDALE, FL 33311**

TITLE ☐ Change ☒ Addition
NAME **D**
STREET ADDRESS **Joseph Padula**
CITY-ST-ZIP **9470 East Coast Ave, # 1011
Miami FL 33137**

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **WYMAN, SCOTT**
CITY-ST-ZIP **1800 N ANDREWS AVE PHJ
FT. LAUDERDALE, FL 33311**

TITLE ☒ Change ☐ Addition
NAME **P**
STREET ADDRESS **Wyman, Scott**
CITY-ST-ZIP **1800 N. Andrews Ave PHJ
FT. Lauderdale FL 33311**

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 exemptions contained in Chapter 119, 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: James R. Schnell **JAMES R. SCHNELL, TREASURER** 4/4/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #