2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# 744739

Entity Name: CONDOMINIUM ASSOCIATION OF DRAKE TOWER, INC.

Current Principal Place of Business:

1800 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33311

New Principal Place of Business:

Current Mailing Address:

1800 N. ANDREWS AVE.
FT. LAUDERDALE, FL 33311

New Mailing Address:

FEI Number: 59-1875030 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOFFMAN, THERESE
1800 N ANDREWS AVE # 6-B
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FREEMAN, KEVIN
Address: 1800 N ANDREWS AVE 11G
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: VP ( ) Delete
Name: GOLDMAN, DAVID
Address: 1800 N ANDREWS AVE 4H
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: S ( ) Delete
Name: HOFFMAN, THERESE
Address: 1800 N ANDREWS AVE 6B
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: T (X) Delete
Name: ABRAMS, STUART
Address: 1800 N ANDREWS AVE 8J
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D ( ) Delete
Name: GOUSIE, JOSEPH
Address: 1800 N ANDREWS AVE 5F
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change ( ) Addition
Name: FREEMAN, KEVIN
Address: 1800 N ANDREWS AVE 11G
City-St-Zip: FT. LAUDERDALE, FL 33311

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THERESE HOFFMAN TH 04/30/2009
Electronic Signature of Signing Officer or Director — Date