

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 05, 2001 8:00 am**  
**Secretary of State**

07-05-2001 90006 038 \*\*\*\*61.25

**DOCUMENT # 744793**

1. Entity Name

**INLAND TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

7020 HALF MOON CIR.  
 #302  
 NYPOLNXX FL 33462  
 US

Mailing Address

7020 HALF MOON CIRCLE  
 #302  
 HYPOLUXO FL 33462  
 US

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

**NOT APPLICABLE**

Applied For

Not Applicable

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

**YOUNG, RONALD E**  
**7020 HALF MOON CIR**  
**302**  
**NYPOLUKO FL 33462**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** ☐ Delete  
 NAME **YOUNG, RONALD E.**  
 STREET ADDRESS **7020 HALF MOON CIRCLE #302**  
 CITY-ST-ZIP **HYPOLUXO FL**

TITLE **D** ☐ Delete  
 NAME **KARADAVIS, COSTES**  
 STREET ADDRESS **815 W. PALM ST.**  
 CITY-ST-ZIP **LANTANA FL**

TITLE **P** ☐ Delete  
 NAME **YOUNG, RONALD**  
 STREET ADDRESS **7020 HALFMOON CIR 302**  
 CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE **DVP** ☐ Delete  
 NAME **QURANTINO, JUAN**  
 STREET ADDRESS **506 NW 8TH CT**  
 CITY-ST-ZIP **BOYNTON BEACH FL 33426**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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 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**

6/20/01 561-584-0081

CR2E037 (10/00)