

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90495 002 \*\*\*\*61.25

**DOCUMENT # 748358**

1. Entity Name

**R. H. TOWERS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1215 E. HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

1215 E. HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

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

**59-1928306**

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

**CAMPBELL PROPERTY MGMT.**  
**1215 E. HILLSBORO BLVD**  
**DEERFIELD BEACH FL 33441**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **D**  Delete  
 NAME: **SCALZO, DON**  
 STREET ADDRESS: **401 N. FEDERAL HWY**  
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33441**

TITLE: **UP**  Change  Addition

TITLE: **VP**  Delete  
 NAME: **OWENS, RICHARD G**  
 STREET ADDRESS: **401 N. FEDERAL HWY**  
 CITY-ST-ZIP: **DEERFIELD BCH FL 33441**

TITLE: **D**  Change  Addition

TITLE: **DT**  Delete  
 NAME: **CALTAGIRONE, BOBBI**  
 STREET ADDRESS: **400 M FEDERAL HWY**  
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33441**

Change  Addition

TITLE: **SD**  Delete  
 NAME: **GLAZER, SUSAN**  
 STREET ADDRESS: **400 N FEDERAL HWY**  
 CITY-ST-ZIP: **DEERFIELD BCH FL 33441**

Change  Addition

TITLE: **PD**  Delete  
 NAME: **RATINAUD, JEAN PIERCE**  
 STREET ADDRESS: **401 N FEDERAL HIGHWAY**  
 CITY-ST-ZIP: **DEERFIELD BEACH FL 33441**

Change  Addition

TITLE: **William RALPH - T**  Delete  
 NAME: **William RALPH**  
 STREET ADDRESS: **400 N FEDERAL HIGHWAY**  
 CITY-ST-ZIP: **DEERFIELD BEACH, FL 33441**

TITLE: **William RALPH**  Change  Addition  
 NAME: **William RALPH**  
 STREET ADDRESS: **400 N FEDERAL HIGHWAY**  
 CITY-ST-ZIP: **DEERFIELD BEACH, FL 33441**

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 OF PRESIDENT*

*3/30/2001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRZE037 (10/00)