

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90192 021 \*\*\*\*61.25

**DOCUMENT # 748358**

1. Entity Name

R. H. TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1215 E. HILLSBORO BLVD  
DEERFIELD BEACH FL 33441

Mailing Address

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

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SETARO, GERALDINE	
STREET ADDRESS	410 N FEDERAL HWY #117	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MULDER, ANNE E	
STREET ADDRESS	390 N FEDERAL HWY #307	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	PD	<input type="checkbox"/> Delete
NAME	UNGER, BERTRAM	
STREET ADDRESS	390 N. FEDERAL HWY #305	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RATINALID, JEAN PIERRE	
STREET ADDRESS	410 N FEDERAL HWY #516	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REYNOLDS, ROGER	
STREET ADDRESS	410 N FEDERAL HWY #319	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MC GEE, DORIS	
STREET ADDRESS	390 N. FEDERAL HWY #509	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C ODISPODO STEPHEN	
STREET ADDRESS	400 N FEDERAL HWY #612	
CITY-ST-ZIP	DEER FIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2006