

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

05-22-2007 90017 028 \*\*\*\*61.25

4/17/07  
**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 - No P.O. Box #  
 400 N. FEDERAL Hwy  
 Suite, Apt. #, etc.

3. Mailing Address  
 400 N. FEDERAL Hwy  
 Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State DEERFIELD BEACH, FL DEERFIELD BEACH, FL  
 Zip 33441 Country 33441 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  
 CAMPBELL PROPERTY MGMT.  
 1215 E. HILLSBORO BLVD  
 DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent  
 Name RIVER HOUSE TOWERS  
 Street Address (P.O. Box Number is Not Applicable) 400 N. FEDERAL  
 City DEERFIELD BEACH, FL 33441 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 ANNE E. MULDER - PRESIDENT (Anne E. Mulder) DATE 5/1/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	D	<input type="checkbox"/> Delete
NAME	MCGEE, DORIS	
STREET ADDRESS	390 NORTH FEDERAL HWY #504	
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 type="checkbox"/> Delete
NAME	CODISPODO, STEPHEN	
STREET ADDRESS	400 NORTH FEDERAL HWY #612	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT MULDER - ANNE E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	390 N. FEDERAL HWY # 307	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICE PRES. CODISPODO - STEVE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	400 N. FEDERAL HWY # 612	
CITY-ST-ZIP	DEERFIELD BEACH, FL. 33441	
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: Anne E. Mulder DATE 5/1/07 DIVISION PHONE # 954.596.4990