


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 08, 2005 8:00 am**  
**Secretary of State**

08-08-2005 90043 021 \*\*\*\*61.25

<b>DOCUMENT # 750875</b> 1. Entity Name <b>THE TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2366 EAST MALL DRIVE FORT MYERS FL 33901</b>				Mailing Address <b>2366 EAST MALL DRIVE FORT MYERS FL 33901</b>	
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 <b>59-2105947</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				2nd MOORE CR2E037 (5/05)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DE BOEST, RICARDO D 2222 SECOND STREET FORT MYERS FL 33901</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
10. PD OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRESKAKIS, ARGIE 2366 E. MALL DRIVE #411 FT MYERS FL 33901 SD</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>sd John Heather Wood</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2366 E. Mall Drive Apt 314 Ft. Myers, FL 33901</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FRESKAKIS, ARGIE 2366 E. MALL DR., STE 411 FT. MYERS FL 33901 T</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>pb Mark Geiger</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2366 E Mall Drive, #114 Ft. Myers Florida. 33901</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SMITH, KAREN L 2366 E MALL DR #306 FORT MYERS FL 33901 SD</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>td James Hall</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2366 E Mall Drive, #214 Ft Myers, FL 33901</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>WILLGREN, LINDA 2366 E MALL DR #217 FORT MYERS FL 33901 D</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>HOSEY, PATRICK 2366 E. MALL DRIVE #316 FORT MYERS FL 33919</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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:** Mark Geiger 8-1-05 239-936-1707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #