

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90029 024 ****61.25

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| DOCUMENT # 750875 1. Entity Name THE TOWERS CONDOMINIUM ASSOCIATION, INC. | | | |
| Principal Place of Business 6700 WINKLER RD 2 FORT MYERS, FL 33919 | | Mailing Address 6700 WINKLER RD 2 FORT MYERS, FL 33919 | |
| 2. Principal Place of Business Suite, Apt Alliant Property Management, LLC | | City & State 6719 Winkler Road, Suite 200 Fort Myers, FL 33919 | |
| Zip 33919 | | Country USA | |
| 4. FEI Number 59-2105947 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6- Name and Address of Current Registered Agent ALLIANT PROP. MGMT 6700 WINKLER RD STE 2 FORT MYERS, FL 33919 | | 7. Name and Address of New Registered Agent Name Alliant Property Management, LLC Street 6719 Winkler Road, Suite 200 City Fort Myers, FL 33919 Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and accepts the obligations of registered agent. | | | |
| SIGNATURE <i>Millie Strohm</i> Signature, typed or printed name of registered agent and title if applicable. | | <i>Millie Strohm Agent</i> (NOTE: Registered Agent signature required when registering) | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP SD LEATHERWOOD, JOHN 2366 E MALL DRIVE FORT MYERS, FL 33901 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Perry ONDAK 2366 East MALL Dr #305 FORT MYERS, FL 33903 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GEIGER, MARK 2366 E MALL DRIVE, # 114 FORT MYERS, FL 33901 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP TAL NATELLA 13410 HAMPTON PARK Ct. FORT MYERS, FL 33913 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TD HALL, JAMES 2366 E MALL DRIVE, # 214 FORT MYERS, FL 33901 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP Sangie Freskasis 2366 East MALL Dr #411 Fort MYERS, FL 33901 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D HOSEY, PATRICK 2366 E. MALL DRIVE #316 FORT MYERS, FL 33919 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP D John Spain 175 Berlin Ave #49 Southington, CT 06489 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D Patricia Meyer 1411 NE 15th St Cape Coral, FL 33909 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP D Patricia Meyer 1411 NE 15th St Cape Coral, FL 33909 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP D Patricia Meyer 1411 NE 15th St Cape Coral, FL 33909 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP D Patricia Meyer 1411 NE 15th St Cape Coral, FL 33909 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Archie Freskasis</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date 4-27-07 Daytime Phone # 936-1707 | |