

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90029 038 \*\*\*\*61.25

<b>DOCUMENT # 750875</b> 1. Entity Name <b>THE TOWERS CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>ALLIANT PROPERTY MANAGEMENT, LLC</b> <b>6719 WINKLER ROAD SUITE 200</b> <b>FORT MYERS, FL 33919</b>			Mailing Address <b>ALLIANT PROPERTY MANAGEMENT, LLC</b> <b>6719 WINKLER ROAD SUITE 200</b> <b>FORT MYERS, FL 33919</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2105947</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>ALLIANT PROP. MGMT</b> <b>6719 WINKLER ROAD SUITE 200</b> <b>FORT MYERS, FL 33919</b>				Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 <u><i>Miller Book</i></u> <span style="margin-left: 100px;"><i>VP</i></span> <span style="float: right;"><i>2-15-08</i></span> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</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. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ONDAK, TERRY</b> <b>2366 EAST MALL DR #305</b> <b>NORTH FORT MYERS, FL 33903</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>NATELLA, AL</b> <b>13410 HAMPTON PARK CT</b> <b>FORT MYERS, FL 33913</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FRESKARSIS, ANGIE</b> <b>2366 EAST MALL DR #411</b> <b>FORT MYERS, FL 33901</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPAIN, JOHN</b> <b>175 BERLIN AVE #49</b> <b>SOUTHINGTON, CT 06489</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MEYER, PATRICIA</b> <b>1411 NE 15TH ST</b> <b>CAPE CORAL, FL 33909</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD Karen Smith</b> <b>3152 Antica St</b> <b>Ft Myers, FL 33905</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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 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.					
<b>SIGNATURE:</b> <u><i>Chris Oudek</i></u> <span style="margin-left: 50px;"><i>President</i></span> <span style="float: right;"><i>239-454-1101 x236</i></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					