

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90063 031 \*\*\*\*61.25

**DOCUMENT # 766289**



1. Entity Name  
**CORAL SPRINGS TOWER CLUB CONDOMINIUM  
ASSOCIATION, INC.**

Principal Place of Business  
**2855 NORTH UNIVERSITY DRIVE  
SUITE 310  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**2855 NORTH UNIVERSITY DRIVE  
SUITE 310  
CORAL SPRINGS, FL 33065 US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2440715**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHEAST CONDOMINIUM MANAGEMENT  
2855 NORTH UNIVERSITY DRIVE  
SUITE 310  
CORAL SPRINGS, FL 33065**

Name

**Tucker & Tighe, P.A.**

Street

**800 E. Broward Blvd, Suite 710  
Fort Lauderdale, FL 33301**

City

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

*Thomas J. Tighe Pres*

*2/6/07*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HARTLEY, LYNN  
4040 GALT OCEAN DRIVE #707  
FORT LAUDERDALE, FL 33308** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Evitt, Marc  
2401 Riverside Dr. #502  
Coral Springs, FL 33065** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
SHARP, DENISE  
P.O. BOX 11262  
POMPANO BEACH, FL 330611262** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HIRSCH, GERALD  
309 COLONIA LANE WEST  
NOKOMIS, FL 34275** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
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☐ Change ☐ 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:

*Heather G...*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/21/07*

Date

Daytime Phone #