


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2006 8:00 am
Secretary of State

06-02-2006 90004 019 ****61.25

DOCUMENT # 769720 1. Entity Name TOWER MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 9861 S.W. 184TH STREET MIAMI, FL 33157			Mailing Address 9861 S.W. 184TH STREET MIAMI, FL 33157		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2778217	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BREDER, JOHN C C/O BREDER MANAGEMENT CORP. 9861 S.W. 184TH STREET MIAMI, FL 33157				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u>John C. Breder</u> 5/1/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	ST TERZIAN, NELSON <input type="checkbox"/> Delete 151 NW 11TH ST. W-301 HOMESTEAD, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLD, COREY <input type="checkbox"/> Delete 151 NW 11TH ST. E-202 HOMESTEAD, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASSNER, RONALD S <input type="checkbox"/> Delete 151 NW 11TH ST. E-304 HOMESTEAD, FL			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
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
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 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>6/26/06</u> Daytime Phone #	

66021074



05242006 Chg-NP CR2E037 (4/06)

ATTACHMENT
IMPORTANT INSTRUCTIONS ATTACHMENT 66021074
769720

- Make check payable to Florida Department of State.
Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- The fee to file the not-for-profit annual report is \$61.25. If a certificate of status is desired, please add an additional \$8.75. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 12.

ACCOUNT 5450
APPR'D MA
CHG. TO TOW
CHK# DATE 5/1 AMT. 61.25
769720
ENTERED JAN 20 2006

Mail completed report to:

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6056
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.