

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 771338

1. Entity Name
GLADES TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**900 GLADES RD.
BOCA RATON, FL 33431 US**

Mailing Address
**1599 NW 9TH AVE
SUITE 2
BOCA RATON, FL 33486 US**



04032008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2531760

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROBERT KAYE AND ASSOCIATES, P.A.
6261 NORTHWEST 6 WAY
SUITE 103
FT. LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GIOIA, MICHAEL 950 GLADES RD., STE. 1B BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEUSCH, CRISTINA 950 GLADES ROAD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARDSON, CHRISTIAN 95 SOUTH FEDERAL HWY BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VINCI, JOSEPH 950 GLADES RD BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TANEY, BARRY 950 GLADES RD. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/19/08-80071-006 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Michael J Gioia Jr Michael J Gioia Jr

4-3-08

561 391-6666