

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L57215**  
1. Entity Name  
**TOWER ASSOCIATES OF PALM BEACH COUNTY, INC.**



Principal Place of Business  
**1250 OLD DIXIE HWY  
LAKE PARK, FL 33403**

Mailing Address  
**1250 OLD DIXIE HWY  
LAKE PARK, FL 33403**

**DO NOT WRITE IN THIS SPACE**



01122005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**65-0189534**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**UVANILE, JOSEPH  
1250 OLD DIXIE HWY  
LAKE PARK, FL 33403**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	UVANILE, JOSEPH
STREET ADDRESS	1250 OLD DIXIE HWY
CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	V
NAME	UVANILE, JOSEPH
STREET ADDRESS	1250 OLD DIXIE
CITY-ST-ZIP	LAKE PARK, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

UD0000359857  
05/05/05-80008-023 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *Joseph Uvanile*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/22/05* Daytime Phone #: *561-848-0691*