

2002 UNIFORM BUSINESS REPORT (UBR)

6/11

FILED
Jul 04, 2002 8:00 am
Secretary of State

06-11-2002 90397 008 ****61.25

DOCUMENT # N00000001555

1. Entity Name

TOWERS ELEVEN CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**3422 S. ATLANTIC AVE.
 DAYTONA BCH SHORES FL 32118**

Mailing Address

**285 WEST DUNDEE ROAD
 PALATINE IL 60074**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3632872

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DIMUCCI, ANTHONY
 3422 S ATLANTIC AVENUE
 DAYTONA BEACH SHORES FL 32118**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DIMUCCI, ANTHONY	
STREET ADDRESS	285 WEST DUNDEE ROAD	
CITY-ST-ZIP	PALATINE IL 60074	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIHLEN, SID	
STREET ADDRESS	200 N. PARK AVE., SUITE 200	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORFOLK, PENNY	
STREET ADDRESS	3422 S ATLANTIC AVENUE	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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 #

CR2E037 (9/01)