

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

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000004529

1. Entity Name
OCEAN TOWER TWO CONDOMINIUM ASSOCIATION,
INC.



Principal Place of Business
791 CRANDON BLVD
KEY BISCAYNE, FL 33149

Mailing Address
753 CRANDON BLVD
KEY BISCAYNE, FL 33149 US



01242008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1120392

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYMAN, KAPLAN, GANOZZA, SPECTOR, & MARS
MUSEUM TOWER- 27TH FLR
150 W FLAGLER ST.
MIAMI, FL 33130

**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

000000814167
02/13/08-90033-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
ROBINSON, LAWERENCE
791 CRANDON BLVD
KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DT
GALLEN, STACEY
791 CRANDON BLVD
KEY BISCAYNE, FL 33149

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DSEC
ROTHMAN, MAX
791 CRANDON BLVD
KEY BISCAYNE, FL 33149

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**

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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-24-08 305-365-7775