2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Secretary of State DOCUMENT # N03000001842 02-11-2004 90015 027 ****61.25 TOWERS OF PORTO VITA - NORTH TOWER CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 20105 N.E. 38TH COURT AVENTURA FL 33180 20105 N.E. 38TH COURT AVENTURA FL 33180 66403467 2. Principal Place of Business 3. Mailing Address 20155 NE 38 Court 20155 NE 38 Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) MOORE Applied For City & State Aventura City & State 4. FEI Number 45-0586148 Aventura Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33180 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLIAKOFF, GARY A BECKER & POLIAKOFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 3111 STIRLING ROAD FORT LAUDERDALE FL 33312 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, rypad or printed name of registered approximated title if sonkeable (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS ☐ Addition TITLE ☐ Delete TITE F Change BERLIN, GEORGE J NAME NAME 19501 BISCAYNE BLVD. SUITE 400 STREET ADORESS STREET ADDRESS AVENTURA FL 33180 CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete THE Change ☐ Addition MURPHY, ARTHUR J NAME NAME 701 BRICKELL AVE., SUITE 3150 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY - ST- ZIP CITY-ST-7IP Change Delete Addition TITLE TITLE Watson, Marc M 20155 NE 38 court #2304 RIDENHOUR, ESTHER-NAME NAME 701 BRICKELL AVE., SUITE 3150 STREET ADDRESS STREET ADDRESS MIAMI-FL 33131-Aventura R-33180-CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITLE ☐ Change ☐ Addition NAME MALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS SERVET ADDRESS C/TY-ST-ZIP CITY-ST-ZIP (Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 it 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

FILED

Feb 26, 2004 8:00 am