2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000001842

1. Entity Name
TOWERS OF PORTO VITA - NORTH TOWER CONDOMINIUM ASSOCIATION, INC.

FILED
04 JUL 20 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
20155 NE 38 COURT AVENTURA, FL 33180	20155 NE 38 COURT AVENTURA, FL 33180

06162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
20155 NE 38 COURT Suite, Apt. #, etc.	20155 NE 38 COURT Suite, Apt. #, etc.
City & State: AVENTURA, FLORIDA	City & State: AVENTURA, FLORIDA
Zip: 33180 Country: USA	Zip: 33180 Country: USA

4. FEI Number: 65-0586148 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

POLIAKOFF, GARY A
BECKER & POLIAKOFF, P.A.
3111 STIRLING ROAD
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name: SKRLD, INC.

Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE, STE 1102

City: CORAL GABLES FL Zip Code: 33134

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] LISA A. LERNER, SECRETARY 6/16/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BERLIN, GEORGE J 19501 BISCAYNE BLVD. SUITE 400 AVENTURA, FL 33180	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200039696702 07/29/04--01049--001 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD MURPHY, ARTHUR J 701 BRICKELL AVE., SUITE 3150 MIAMI, FL 33131	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT/TREAS. ISAAC JEMAL 110 WEST 34 COURT NEW YORK, NY 10001 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WATSON, MARC M 20155 NE 38 COURT, #2304 MIAMI, FL 33180	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR JOE CAYRE 417 5th AVENUE NEW YORK, NY 10016 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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] President 7/7/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #