

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90046 015 ****61.25

DOCUMENT # N03000001842

1. Entity Name

**TOWERS OF PORTO VITA - NORTH TOWER
CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**20155 NE 38 COURT
AVENTURA FL 33180**

Mailing Address

**20155 NE 38 COURT
AVENTURA FL 33180**

30016303



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

MANAGEMENT OFFICE

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

MANAGEMENT OFFICE

City & State

Zip

Country

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

**SKRLD INC
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

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

City

FL

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, 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
Due By May 1, 2005**

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

TITLE **PSD** ☐ Delete
NAME **WATSON, MARC M**
STREET ADDRESS **20155 NE 38 COURT #2304**
CITY-ST-ZIP **MIAMI FL 33180**

TITLE **VT** ☐ Delete
NAME **JEMAL, ISAAC**
STREET ADDRESS **110 WEST 34 COURT**
CITY-ST-ZIP **NEW YORK NY 10001**

TITLE **D** ☐ Delete
NAME **CAYRE, JOE**
STREET ADDRESS **417 5TH AVENUE**
CITY-ST-ZIP **NEW YORK NY 10016**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VT** ☐ Change ☒ Addition
NAME **Chaves, Jerome**
STREET ADDRESS **20155 NE 38 Court #2401**
CITY-ST-ZIP **Miami, FL 33180**

TITLE **D** ☒ Change ☐ Addition
NAME **Jemal, Isaac**
STREET ADDRESS **110 West 34 Court**
CITY-ST-ZIP **New York, NY 10001**

TITLE **S** ☐ Change ☒ Addition
NAME **Schwartz, Shirley**
STREET ADDRESS **20155 NE 38 Court #3104**
CITY-ST-ZIP **Miami, FL 33180**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

m m watson **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/05/05

Daytime Phone #

**305
932-4239**