

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000001842



1. Entity Name

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

Principal Place of Business

Mailing Address

**20155 NE 38 COURT
MANAGEMENT OFFICE
AVENTURA FL 33180**

**20155 NE 38 COURT
MANAGEMENT OFFICE
AVENTURA FL 33180**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

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

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 re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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-STATE-ZIP
PSD
SCHWARTZ, CARL
20155 NE 38 CT 3104
MIAMI FL 33180 ☐ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VT
MATLUCK, MICHAEL
20155 NE 38 CT 1801
MIAMI FL 33180 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

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TITLE
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CITY-STATE-ZIP
000000618973
02/08/07-80052-017 61.25 ☐ Change ☐ Addition

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CITY-STATE-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 empowered

SIGNATURE:

CARL I. Schwartz 1/30/07 3059324239

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR