

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36127 (1)

1. Corporation Name

WARD TOWERS TENANT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2200 NW 54 STREET  
809  
MIAMI FL 33142  
US

2200 NW 54 STREET  
809  
MIAMI FL 33142  
US

3. Date Incorporated or Qualified  
01/11/1990

3a. Date of Last Report  
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHARLES-CESAIRE F. ST. CHARLES  
5200 N.W. 22 AVENUE  
MIAMI FL 33142

81 Name Monica OLIVER  
82 Street Address (P.O. Box Number is Not Acceptable)  
1901 N.W. 7th St. Bldg. F.  
83 Miami  
84 City  
85 Zip Code FL 33125

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PMD ☐ DELETE  
NAME THOMAS, GENEVA  
STREET ADDRESS 2200 NW 54 ST, #809  
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE VM ☐ DELETE  
NAME ARNOLD, ELLA  
STREET ADDRESS 2200 N.W. 54TH ST.  
CITY-ST-ZIP MIAMI FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE TMD ☐ DELETE  
NAME SHEPHERD, JOSEPHINE  
STREET ADDRESS 2200 NW 54 ST, #1010  
CITY-ST-ZIP MIAMI FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SMD ☒ DELETE  
NAME FREENY, CARRIE  
STREET ADDRESS 2200 N.W. 54TH ST., #805  
CITY-ST-ZIP MIAMI FL

4.1 TITLE SECRETARY ☐ Change ☒ Addition  
4.2 NAME WALKER, JAMES  
4.3 STREET ADDRESS 2200 N.W. 54th St. #1001  
4.4 CITY-ST-ZIP Miami FL 33142

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE 6000017675 ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAR 11, 1996 (305) 634-2390

Daytime Phone

CR2E037 (12/95)