


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

**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90048 041 \*\*\*\*\*75.00

<b>DOCUMENT # N36127</b>	
<b>1. Entity Name</b> WARD TOWERS TENANT ASSOCIATION, INC.	

<b>Principal Place of Business</b> 2200 NW 54 STREET STE #1001 MIAMI FL 33142 US	<b>Mailing Address</b> 2200 NW 54 STREET STE #1001 MIAMI FL 33142 US
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MOORE CR2E037 (11/03)

<b>2. Principal Place of Business</b> WARD TOWER TENANT ASS. Suite, Apt. #, etc. MIAMI FL.	<b>3. Mailing Address</b> 2200 N.W. 54 ST. Suite, Apt. #, etc. 1001
<b>City &amp; State</b> MIAMI FL.	<b>City &amp; State</b> MIAMI FL.
<b>Zip</b> 33142	<b>Country</b> DADE

<b>4. FEI Number</b> 65-0664462	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> WALKER, JAMES 2200 NW 54 STREET STE #1001 MIAMI FL 33142	<b>7. Name and Address of New Registered Agent</b> Name: JAMES O. WALKER Street Address (P.O. Box Number is Not Acceptable): 2200 N.W. 54 ST, APT. # 1001 MIAMI City: MIAMI FL Zip Code: 33142
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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: James O. Walker DATE: 1/28/004  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VMD WALKER, JAMES 2200 N.W. 54TH ST., #1001 MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIS, BERNICE 2200 NW 54TH ST #811 MIAMI FL 33142 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRES WEMBERLY WILLIE 2200 N.W. 54 ST, #604 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER LORENE WELTON 2200 N.W. 54 ST, # 710 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. Barbara Holt 2200 NW 54 St. # 810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: James O. Walker  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #