2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State
03-17-2008 90028 042 ****61.25

DOCUMENT # N94000004942

1. Entity Name
OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.

40047454

Principal Place of Business	Mailing Address
1881 WASHINGTON AVENUE MIAMI BEACH, FL 33139	C/O OTC OFFICE 1881 WASHINGTON AVE. MIAMI BEACH, FL 33139 US

02062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1881 Washington Ave.
City & State	City & State Miami Beach, FL
Zip / Country	Zip 33139 / Country US

4. FEI Number 65-0560049 ☐ 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
ERIC M., GLAZER ESQ 1920 E. HALLANDALE BEACH BLVD. 8TH FLOOR HALLANDALE BEACH, FL 33009	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

Filing Fee is $61.25
Due by May 1, 2008

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	P WALLHOFER, ERIC 1881 WASHINGTON AVE, #15G MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Eric Wallhofer 1881 Washington Ave #15G Miami Beach FL. 33139	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WEIKEL, SCOTT 1881 WASHINGTON AVE, #10A MIAMI BEACH, FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sigmund A. Esposito 5550 Collins Ave #1401 Miami Beach, FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T VARGAS, IRENE J 1881-WASHINGTON AVE SUITE #2A MIAMI BEACH, FL 33139	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CASTILLO, IRELA 1881 WASHINGTON AVE. #4B MIAMI BEACH, FL 33139	☐ 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
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 exemptions contained in Chapter 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: _____ 3.10.08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT 40047454
#N94000004942

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ADDENDUM TO **DOCUMENT #N94000004942**
OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.

Please make the following changes additional to the change in the form # N94000004942 for Octagon Towers Condominium Association, Inc.

DIRECTORS TO DELETE	DIRECTORS TO ADD
Liora Gelblum	**Keith Blackburn** **401 E Las Olas Blvd #130-160** **Ft. Lauderdale, FL 33301**
Timothy Trost	**Wayne N. Boles** **1181 Washington Ave. #12H** **Miami Beach, FL 33139**
Joseph-Matt Pearson	**Santiago Franco** **1881 Washington Ave. 10F** **Miami Beach, FL 33139**

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SIGNATURE: _____ 3-10-08

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #