

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 AUG 27 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07312008 Chg-NP CR2E037 (12/06)

DOCUMENT # N94000004942 1. Entity Name OCTAGON TOWERS CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 1881 WASHINGTON AVENUE MIAMI BEACH, FL 33139		Mailing Address C/O OTCA OFFICE 1881 WASHINGTON AVE. MIAMI BEACH, FL 33139 US	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip	Country	Zip	Country
		4. FEI Number 65-0560049	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ERIC M. GLAZER ESQ 1920 E. HALLANDALE BEACH BLVD. 8TH FLOOR HALLANDALE BEACH, FL 33009		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLHOFER, ERICK	NAME	000135281530
STREET ADDRESS	1881 WASHINGTON AVE, #15G	STREET ADDRESS	09/03/08--01012--002 **\$61.25
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESPOSITO, SIGMUND A	NAME	
STREET ADDRESS	5550 COLLINS AVE, # 1401	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VARGAS, IRENE J	NAME	Director
STREET ADDRESS	1881 WASHINGTON AVE SUITE #2A	STREET ADDRESS	Santiago Feanco
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	1881 Washington Ave. #10F
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTILLO, IRELA	NAME	Director
STREET ADDRESS	1881 WASHINGTON AVE. #4B	STREET ADDRESS	Keith Blackburn
CITY-ST-ZIP	MIAMI BEACH, FL 33139	CITY-ST-ZIP	1881 Washington Ave. #9G
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Director
STREET ADDRESS		STREET ADDRESS	Wayne Boles
CITY-ST-ZIP		CITY-ST-ZIP	1881 Washington Ave. #12H
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Director
STREET ADDRESS		STREET ADDRESS	Romy Sweeney
CITY-ST-ZIP		CITY-ST-ZIP	1881 Washington Ave. #3B
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 8.27.08 <small>Daytime Phone #</small>	

8/27/08