

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

**FILED**

**Jan 22, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000002508**

1. Entity Name

TOWERS VII CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

4651 S ATLANTIC AVE  
PONCE INLET FL 32127  
US

Mailing Address

3511 S PENINSULA DRIVE  
PONCE INLET FL 32127  
US

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

4. FEI Number

59-3444984

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUNT, JAMES  
SOUTHEAST MANAGEMENT SERVICES, INC  
3511 S PENINSULA DRIVE  
DAYTONA BEACH FL 32127

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 transferring)

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

TITLE	D	<input type="checkbox"/> Delete
NAME	WARGO, JERRY	
STREET ADDRESS	4651 S. ATLANTIC AVE. #9402	
CITY-STATE-ZIP	PONCE INLET FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALPERT, ALAN	
STREET ADDRESS	4651 S. ATLANTIC AVE #9203	
CITY-STATE-ZIP	PORT ORANGE FL 32127	
TITLE	P	<input type="checkbox"/> Delete
NAME	APPLEBAUM, RICHARD	
STREET ADDRESS	21 MAITLAND GROVE ROAD	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JAEGER, KAREN	
STREET ADDRESS	524 ESTATES PLACE	
CITY-STATE-ZIP	LONGWOOD FL 32779	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CROSS, JAMES	
STREET ADDRESS	10351 CRUZENSHERE COVE	
CITY-STATE-ZIP	COLLIERVILLE TN 38017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U000000595469	
STREET ADDRESS	01/23/07-80037-021 61.25	
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

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:

*[Signature]* JAMES HUNT R. Asst.

1-18-07

386-766-5733 x29