

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P99000108519

1. Entity Name
400 FLAGLER CENTER TOWER, INC.



Principal Place of Business

C/O SCHOLIN
505 SOUTH FLAGLER DRIVE SUITE 400
WEST PALM BEACH, FL 33401

Mailing Address

C/O SCHOLIN
505 SOUTH FLAGLER DRIVE SUITE 400
WEST PALM BEACH, FL 33401



04022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0966197

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
505 SOUTH FLAGLER DRIVE SUITE 400
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GEESEY, ALLEN R
STREET ADDRESS	505 S FLAGLER DRIVE SUITE 400
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	OSTROW, ANDREW A
STREET ADDRESS	505 S FLAGLER DRIVE SUITE 400
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	SCHOLIN, CHRISTIAN N
STREET ADDRESS	505 S FLAGLER DRIVE SUITE 400
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	SUSNAR, LISA M
STREET ADDRESS	505 S FLAGLER DRIVE SUITE 400
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/07-80102-018 150.00

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IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christian N. Scholin 4/16/07 655-7111