

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 730478

**Entity Name:** TOWER 1800 CONDOMINIUM, INC.

**Current Principal Place of Business:**

1800 COLLINS AVENUE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1800 COLLINS AVENUE  
MIAMI BEACH, FL 33139

**FEI Number:** 59-1706911

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RESNICK, AARON  
100 N. BISCAYNE BLVD  
SUITE 1607  
MIAMI, FL 33132 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CARRO, SYLVIA  
Address 1800 COLLINS AVENUE APT 6C  
City-State-Zip: MIAMI BEACH FL 33139

Title VP  
Name DE LA CRUZ, ELIDA  
Address 1800 COLLINS AVENUE, APT 5F  
City-State-Zip: MIAMI BEACH FL 33139

Title T  
Name BENEDETTI, CLAUDIO  
Address 1330 WEST AVE #3002  
City-State-Zip: MIAMI BEACH FL 33139

Title S  
Name BOYESCU, MARISSA  
Address 1800 COLLINS AVENUE, APT 12D  
City-State-Zip: MIAMI BEACH FL 33139

Title DR  
Name WALSH, EDWARD  
Address 1800 COLLINS AVE APT 9E  
City-State-Zip: MIAMI BEACH FL 33139

Title NA  
Name NA, NA  
Address 1800 COLLINS AVE  
City-State-Zip: MIAMI BEACH FL 33139

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIDA DE LA CRUZ

VP

03/08/2018

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date