

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004825

FILED
Feb 21, 2007
Secretary of State

Entity Name: THE TOWER RESIDENCES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

35 WATERGATE DRIVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

35 WATERGATE DRIVE
SARASOTA, FL 34236

New Mailing Address:

FEI Number: 01-0607322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DRAMIS, GEORGE J ESQ
601 S OSPREY AVE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

SAID, OMAR
35 WATERGATE DR
SARASOTA, FL 34236 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: OMAR SAID

02/21/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: SHAPIRO, HARRY J
Address: 35 WATERGATE DRIVE, #1204
City-St-Zip: SARASOTA, FL 34236

Title: DV () Delete
Name: CARTER, DONALD J
Address: 35 WATERGATE DRIVE, #1802
City-St-Zip: SARASOTA, FL 34236

Title: DT () Delete
Name: FINE, MARTIN L
Address: 35 WATERGATE DRIVE, #1005
City-St-Zip: SARASOTA, FL 34236

Title: D () Delete
Name: FARESE, THERESA
Address: 35 WATERGATE DRIVE, #402
City-St-Zip: SARASOTA, FL 34236

Title: DS () Delete
Name: THOMSON, CHARLES W
Address: 35 WATERGATE DRIVE #1401
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SEIGEL, GERRY
Address: 35 WATERGATE DRIVE, #404
City-St-Zip: SARASOTA, FL 34236

Title: D (X) Change () Addition
Name: THOMPSON, DARA
Address: 35 WATERGATE DRIVE, #1001
City-St-Zip: SARASOTA, FL 34236

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: OMAR SAID

RA

02/21/2007

Electronic Signature of Signing Officer or Director

Date