2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# N01000004825

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 AVENUE
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

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

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

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

Title: DT ( ) Delete
Name: WHITE, ELTON
Address: 35 WATERGATE DRIVE, #1801
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: THOMSON, CHARLES W
Address: 35 WATERGATE DRIVE, #1401
City-St-Zip: SARASOTA, FL 34236

Title: DV (X) Change ( ) Addition
Name: WALSH, BERNARD
Address: 35 WATERGATE DRIVE, #1701
City-St-Zip: SARASOTA, FL 34236

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

Title: DS (X) Change ( ) Addition
Name: FORTE, MARY
Address: 35 WATERGATE DRIVE #802
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 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: CHARLES W THOMSON DP 03/06/2009

Electronic Signature of Signing Officer or Director — Date