

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004825

Entity Name: THE TOWER RESIDENCES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**35 WATERGATE DRIVE
SARASOTA, FL 34236**Current Mailing Address:**35 WATERGATE DRIVE
SARASOTA, FL 34236**FEI Number:** 01-0607322**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF
6230 UNIVERSITY PARKWAY
SUITE 204
SARASOTA, FL 34240 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	DP
Name	THOMSON, CHARLES W
Address	35 WATERGATE DRIVE, #1401
City-State-Zip:	SARASOTA FL 34236

Title	DV
Name	WALSH, BERNARD
Address	35 WATERGATE DRIVE, #1701
City-State-Zip:	SARASOTA FL 34236

Title	D
Name	HOLDER, CAROLYN ANN
Address	35 WATERGATE DRIVE, #1704
City-State-Zip:	SARASOTA FL 34236

Title	DS
Name	VALENTINO, MICHAEL
Address	35 WATERGATE DRIVE #1803
City-State-Zip:	SARASOTA FL 34236

Title	DT
Name	WHITE, ELTON
Address	35 WATERGATE DRIVE, #1801
City-State-Zip:	SARASOTA FL 34236

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: CHARLES W THOMSON

PRESIDENT

03/02/2016

Electronic Signature of Signing Officer/Director Detail_____
Date