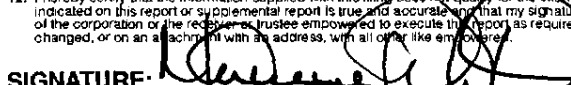


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90324 001 ***980.00

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01000004825					
1. Entity Name THE TOWER RESIDENCES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DRIVE 300 BONITA SPRINGS, FL 34134		Mailing Address 24301 WALDEN CENTER DRIVE 300 BONITA SPRINGS, FL 34134			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 01-0607322	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HASTINGS, VIVIAN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City FL Zip Code	
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's signature required when necessary.) DATE _____					
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE	DP	THOMAS, DWIGHT D	XXXX	TITLE	PD
NAME				NAME	Christopher J. Hanlon
STREET ADDRESS		24301 WALDEN CENTER DRIVE, SUITE 300		STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP		BONITA SPRINGS, FL 34134		CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	DV	GUNN, DONALD K	☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS		24301 WALDEN CENTER DRIVE, SUITE 300		STREET ADDRESS	
CITY-ST-ZIP		BONITA SPRINGS, FL 34134		CITY-ST-ZIP	
TITLE	STD	TIEBOUT-TOURON, MARCI	☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS		24301 WALDEN CENTER DRIVE, SUITE 300		STREET ADDRESS	
CITY-ST-ZIP		BONITA SPRINGS, FL 34134		CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE			☐ Delete	TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 employees.					
SIGNATURE: 		03/20/03 (239) 498-8605			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Original Phone #			
Marcienne Tiebout-Touron, Secretary/Treasurer					

55021551



☒ CHECK HERE IF MAKING CHANGES

CR12E037 (10/02)