2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2004
Secretary of State

DOCUMENT# N01000004825

Entity Name: THE TOWER RESIDENCES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

24301 WALDEN CENTER DRIVE
300
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24301 WALDEN CENTER DRIVE
300
BONITA SPRINGS, FL 34134

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:

HASTINGS, VIVIEN N
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134

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: HANLON, CHRISTOPHER
Address: 24301 WALDEN CENTER DRIVE, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: DV ( ) Delete
Name: GUNN, DONALD K
Address: 24301 WALDEN CENTER DRIVE, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD ( ) Delete
Name: TIEBOUT-TOURON, MARCI
Address: 24301 WALDEN CENTER DRIVE, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: HANLON, CHRISTOPHER J
Address: 24301 WALDEN CENTER DRIVE, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: ST (X) Change ( ) Addition
Name: TIEBOUT-TOURON, MARCIENNE
Address: 24301 WALDEN CENTER DRIVE, SUITE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D ( ) Change (X) Addition
Name: CARTER, DONALD J
Address: 24301 WALDEN CENTER DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTOPHER J. HANLON DP 06/03/2004

Electronic Signature of Signing Officer or Director — Date