


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 16, 2006 8:00 am**  
**Secretary of State**

03-16-2006 90229 023 \*\*\*\*61.25

<b>DOCUMENT # N01000004825</b> 1. Entity Name THE TOWER RESIDENCES CONDOMINIUM ASSOCIATION, INC.	
---	---

Principal Place of Business 35 WATERGATE DRIVE SARASOTA, FL 34236	Mailing Address 35 WATERGATE DRIVE SARASOTA, FL 34236
---	---

**50003254**



02142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0607322	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  DRAMIS, GEORGE J ESQ 601 S OSPREY AVE SARASOTA, FL 34236	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SHAPIRO, HARRY J 35 WATERGATE DRIVE, #1204 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARTER, DONALD J 35 WATERGATE DRIVE, #1802 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FINE, MARTIN L 35 WATERGATE DRIVE, #1005 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARESE, THERESA 35 WATERGATE DRIVE, #402 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS THOMSON, CHARLES W 35 WATERGATE DRIVE #1401 SARASOTA, FL 34236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 empowered.

**SIGNATURE:** Charles W. Thomson **CHARLES W. THOMSON** 2-14-06 941-309-2710  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #