

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **710159** (5)  
1. Corporation Name  
**WHITTIER TOWERS APARTMENTS ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
1439 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062	1439 SOUTH OCEAN BOULEVARD POMPANO BEACH FL 33062

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	01/03/1966
4. FEI Number	59-1202979
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

RYAN, CHRISTINE E  
3493 PALLADIAN CIRCLE  
DEERFIELD BEACH FL 33442

10. Name and Address of New Registered Agent

81 Name	Christine E. Ryan
82 Street Address (P.O. Box Number is Not Acceptable)	620 Lock Road
83	
84 City	Deerfield Beach
85 Zip Code	FL 33442

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Christine E. Ryan Christine E. Ryan 1/20/98  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MCDONALD, RUTH	
STREET ADDRESS	1439 S. OCEAN BLVD. #106	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FINNEGAN, ROBERT	
STREET ADDRESS	1439 S. OCEAN BLVD. #316	
CITY - ST - ZIP	POMPANO BCH., FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MASTRO, SARAH	
STREET ADDRESS	1439 S. OCEAN BLVD. #212	
CITY - ST - ZIP	POMPANO BCH. FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CONNOR, JOHN TERRY	
STREET ADDRESS	1439 S. OCEAN BLVD. #109	
CITY - ST - ZIP	POMPANO BEACH FL 33062	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMIERI, LOUIS	
STREET ADDRESS	1439 S. OCEAN BLVD. - #306	
CITY - ST - ZIP	POMPANO BEACH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FOSTER, RICHARD	
STREET ADDRESS	1439 S. OCEAN BLVD. - #208	
CITY - ST - ZIP	POMPANO BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Kalogridis	
1.3 STREET ADDRESS	1439 S. Ocean Blvd. #116	
1.4 CITY - ST - ZIP	Pompano Beach, FL 33062	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Robert Finnegan	
2.3 STREET ADDRESS	1439 S. Ocean #316	
2.4 CITY - ST - ZIP	Pompano Beach, FL 33062	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John T. Connor Richard Foster 1/20/98 954/941-5927  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)