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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED
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BY: CAD

DOCUMENT # **715800** (9)
1. Corporation Name
PALM BAY TOWERS CONDOMINIUM ASSOCIATION, INCORPORATED



Principal Place of Business Mailing Address
720 N.E. 69TH STREET MIAMI FL 33138

3. Date Incorporated or Qualified **12/31/1968** 3a. Date of Last Report **04/04/1995**
4. FEI Number **59-1417287** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**FLANDERS, ROBERT A
720 PALM BAY LANE
APT. 5-NORTH
MIAMI FL 33138**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

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 _____ (Signature typed or printed name of registered agent and title if any) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BTAS <input type="checkbox"/> DELETE	11 TITLE	Treasurer DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEYER, BARBARA	12 NAME	MEYER, BARBARA
STREET ADDRESS	720 PALM BAY LANE	13 STREET ADDRESS	720 PALM BAY LANE
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	Secretary DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSCH, JORGE	22 NAME	BOSCH, JORGE
STREET ADDRESS	720 PALM BAY LANE	23 STREET ADDRESS	720 PALM BAY LANE
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	DP <input type="checkbox"/> DELETE	31 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLANDERS, ROBERT A	32 NAME	FLANDERS, ROBERT
STREET ADDRESS	720 PALM BAY LANE	33 STREET ADDRESS	720 PALM BAY LANE
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	DSVP <input checked="" type="checkbox"/> DELETE	41 TITLE	Vice President DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, IAN	42 NAME	Linda Kaplan
STREET ADDRESS	720 PALM BAY LANE, #155	43 STREET ADDRESS	720 Palm Bay Lane # 235
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	DVP <input type="checkbox"/> DELETE	51 TITLE	DVP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORIBER, LLOYD D	52 NAME	LLOYD MORIBER
STREET ADDRESS	720 PALM BAY LANE	53 STREET ADDRESS	720 PALM BAY LANE
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	<input type="checkbox"/> DELETE	61 TITLE	500001848085 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	-06/03/96--01049--023
STREET ADDRESS		63 STREET ADDRESS	***61.25
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Robert A. Flanders* President Feb. 11, 1996 (305) 757-1286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Disting. Phone #
Robert A. Flanders 05 511196

CR2E037 (12/95)