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Jul 07, 1999 8:00 am  
Secretary of State

07-07-1999 90002 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715800** ✓  
1. Corporation Name  
**PALM BAY TOWERS CONDOMINIUM ASSOCIATION, INCORPORATED**

Principal Place of Business 720 NE 69TH ST. MIAMI FL 33138	Mailing Address 720 NE 69TH ST. MIAMI FL 33138
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 12/31/1968	4. FEI Number 59-1417287	Applied For Not Applicable
		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	

9. Name and Address of Current Registered Agent  
**CRONIG, STEVEN C ESQ.  
C/O BAILEY & JONES  
501 BRICKELL KEY DR., 300 COURVOISIER CTRE  
MIAMI FL 33131-2623**

10. Name and Address of New Registered Agent  
81 Name **JOSEPH GANGUZZA c/o Hymann + KAPLAN**  
82 Street Address (P.O. Box Number is Not Acceptable) **150 WEST FLAGLER ST**  
83 **MUSEUM TOWER 27TH FL**  
84 City **MIAMI FL FL** 85 Zip Code **33130**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	MEYER, BARBARA	
STREET ADDRESS	720 NE 69TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	STEIN, HERBERT	
STREET ADDRESS	720 NE 69TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FLANDERS, ROBERT A	
STREET ADDRESS	720 NE 69TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	DSVP	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, LINDA	
STREET ADDRESS	720 NE 69TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MORIBER, LLOYD D	
STREET ADDRESS	720 NE 69TH ST.	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	DSVD	<input type="checkbox"/> DELETE
NAME	KADLAN	
STREET ADDRESS	720 N.E. 69TH STREET	
CITY-ST-ZIP	MIAMI FL 33138	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DSVP DVP KAPLAN, MORT</b>
6.3 STREET ADDRESS	<b>720 NE 69TH ST</b>
6.4 CITY-ST-ZIP	<b>MIAMI FL 33138</b>

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Barbara Meyer*

Date: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2F037 (11/99)