

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 716177 (1)
1. Corporation Name

REGENCY TOWER SOUTH ASSOCIATION, INC.



Principal Place of Business: **3750 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308**
Mailing Address: **3750 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **03/08/1969**
3a. Date of Last Report: **02/06/1995**

21. Principal Place of Business		26. Mailing Address		4. FEI Number		Applied For	
22. Suite, Apt. #, etc		27. Suite, Apt. #, etc.		59-1315381		Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip		29. Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
GLICKFIELD, LEAH S 3750 GALT OCEAN DR #606 FT. LAUDERDALE FL 33308				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T ZIMMERMAN, FRANK 3750 GALT OCEAN DR FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VS GRONOWETTER, FRANK 3750 GALT OCEAN DR FT LAUDERDALE FL	<input type="checkbox"/> DELETE	12 NAME	
P GLICKFIELD, LEAH S. 3750 GALT OCEAN DR FT. LAUDERDALE FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS	
D DESANTIS, PEGGY 3750 GALT OCEAN DR FT LAUDERDALE FL 33308	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP	
D EAGAN, ROBERT O 3750 GALT OCEAN DRIVE FT LAUDERDALE FL	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D STEVENS, MARION 3750 GALT OCEAN DR FT. LAUDERDALE FL	<input checked="" type="checkbox"/> DELETE	22 NAME	
		23 STREET ADDRESS	
		24 CITY - ST - ZIP	
		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32 NAME	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42 NAME	
		43 STREET ADDRESS	
		44 CITY - ST - ZIP	
		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52 NAME	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		62 NAME	Swisher, Betty
		63 STREET ADDRESS	3750 Galt Ocean Dr.
		64 CITY - ST - ZIP	Ft. Lauderdale, FL 33308

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 if changed, or on an attachment with an address.

SIGNATURE: Leah S. Glickfield (Leah S. Glickfield, Pres.) 1/24/96 (954) 564-8554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)