## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716177

(1)

REGENCY TOWER SOUTH ASSOCIATION, INC.  Principal Place of Business  3750 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308  Mailing Address  FORT LAUDERDALE FL 33308-7656							
					3. Date Incorporated or Qualified 03/08/1969	3a. Date of Last Rep 01/31/1996	ort
2. Principal	Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number		lied For
21 26 Suite, Apt #, etc. Suite, Apt. #, etc.					59-1315381		Applicable
Suite, Apr. #, etc.  27					5. Certificate of Status Desired	\$8.75 Ad Fee Requ	
City & State City & State					6. Election Campaign Financing \$5.00 May Be		
23		28	7		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
24	25 25 9. Name and Address of Curre	29   nt Registered Agent	[30]		Florida Statutes  10. Name and Address of New R		
		<u>-</u> -	8	1 Name			
GLICKFIELD, LEAH S				2 Street	Address (P.O. Box Number is Not Acceptable)		
3750 GALT OCEAN DR #606			Ĺ				
FT.LAU	DERDALE FL 33308		*	3			
			8	4 City	······································	FL 85 Zip Co	xde
11. Pursuan	t to the provisions of Sections 617.050	02 and 617.1508, Florida Sta	tutes, the abo	ve-named	corporation submits this statement for the poration's board of directors. I hereby according to the control of		registered
office or agent. I	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change wa gations of, Section 617.0503,	s authorized Florida Statut	by the corp es.	poration's board of directors. I hereby acco	ept the appointment as re	gistered
SIGNATURE							
12.	Signature, typed or printed name of registered agent and life if applicable (NOTE  OFFICERS AND DIRECTORS			Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS	IN 12
TITLE	T DELETE		13.	E .		☐ Change	Addition
NAME	ZIMMERMAN, FRANK		1.2 NAM	re i			
STREET ADDRESS			1.3 STRE	ET ADDRESS	•		
CITY-ST-ZIP	FT. LAUDERDALE FL			-ST-ZIP	Dec See 14	M 6	4,2,300,411
TITLE	VS DELETE GRONOWETTER, FRANK		2.1 TITU 2.2 NAM		President	<b>⊠</b> Change	L Addition
NAME STREET ADDRESS	3750 GALT OCEAN DR			ie Eet address i			
CITY - ST - ZIP	FT LAUDERDALE FL		1	Y-ST-ZIP	•		
TITLE	P	P DELETE		E	Secretary	∠ Change	Addition
NAME	GLICKFIELD, LEAH S.		3.2 NAM	IE			
STREET ADDRESS	1		3.3 STR	EET ADDRESS			
CITY - ST - ZIP	FT. LAUDERDALE FL		3.4. CIT 4.1 TITL	Y-ST-ZIP		AL	1 1200-
TITLE	D DEGANTIS DEGGV	DELETE				Change	LJ Addition
NAME STREET ADDRESS	DESANTIS, PEGGY 3750 GALT OCEAN DR		4 2 NA	ME Eet address			
CITY-ST-ZIP	FT LAUDERDALE FL 33308			-ST-ZIP			
TITLE	D			E		Change	☐ Addition
NAME	EAGAN, ROBERT O		5.2 NAN	1E		-	
STREET ADDRESS			5.3 STR	EET ADDRESS			
CITY - ST - ZIP	FT LAUDERDALE FL		5.4 CITY	- ST - <b>Z</b> IP			
TITLE	D DCTTV	DELETE	6.1 TITL			Change	Addition
NAME	SWISHER, BETTY 3750 GALT OCEAN DR.		6.2 NAN				
STREET ADDRESS	SI 3730 UMLIUUEAN DM.		■ 63 STR	FFT ADDRESS	1		

14. I do 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.

6.4 CITY-ST-ZIP

**SIGNATURE** 

FT. LAUDERDALE FL

SIGNATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR SECRETARY, Bd.

1/1/97

**FILED** 

Jan 27 1997 8:00am

Secretary of State

954)-523-700 Daytime Phone # 0034327