

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90053 004 ****70.00

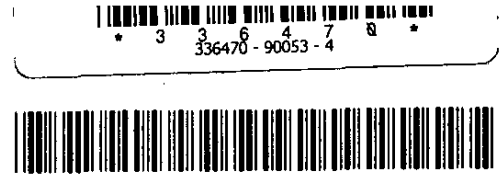
0036729

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 716177

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	03/08/1969
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-1315381
24. Country	29. Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GLICKFIELD, LEAH S
 3750 GALT OCEAN DR #606
 FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name **David Leitman**
 82 Street Address (P.O. Box Number is Not Acceptable) **3750 Galt Ocean Dr. 407**
 83
 84 City **Ft Lauderdale** FL 85 Zip Code **33308**

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 *David Leitman* **David Leitman** DATE **3-12-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPLAN, JOAN H	1.2 NAME	David Leitman
STREET ADDRESS	3750 GALT OCEAN DR	1.3 STREET ADDRESS	3750 Galt Ocean Dr. 407
CITY-ST-ZIP	FT LAUDERDALE FL 33308	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRONOWETTER, FRANK	2.2 NAME	Patricia Rosa
STREET ADDRESS	3750 GALT OCEAN DR	2.3 STREET ADDRESS	3750 Galt Ocean Dr. 203
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKFIELD, LEAH S.	3.2 NAME	Victor Tanenholz
STREET ADDRESS	3750 GALT OCEAN DR	3.3 STREET ADDRESS	3750 Galt Ocean Dr. 601
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIOVANNETTI	4.2 NAME	Robert Eagan
STREET ADDRESS	3750 GALT OCEAN DR	4.3 STREET ADDRESS	3750 Galt Ocean Dr. 811
CITY-ST-ZIP	FT LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS NARUIB	5.2 NAME	Theresa Pepin
STREET ADDRESS	3750 GALT OCEAN DR	5.3 STREET ADDRESS	3750 Galt Ocean Dr. 109
CITY-ST-ZIP	FT LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	DT <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWISHER, BETTY	6.2 NAME	Marion Stevens
STREET ADDRESS	3750 GALT OCEAN DR.	6.3 STREET ADDRESS	3750 Galt Ocean Dr. 711
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308

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: *David Leitman* **DAVID LEITMAN** DATE **3-12-99** DAYTIME PHONE # **954-564-8554**

CR2E037 (11/98)