FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5: 56

DOCUMENT # 721529 (6)

1. Corporation Name

ALLINGTON TOWERS CONDOMINIUM, INC.

Principal Place of Business	Mailing Address
1600 S. OCEAN DR. HOLLYWOOD FL 33019	1600 S. OCEAN DR. HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/16/1971
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1379282 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLF, PAKULA
1600 S. OCEAN DR./8J
HOLLYWOOD FL 33019

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	ABRAHAMS, WILLIAM	1.2 NAME	
STREET ADDRESS	1600 S. OCEAN DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ABRAMS, IRVING	2.2 NAME	
STREET ADDRESS	1600 S OCEAN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KAPLAN, WILLIAM	3.2 NAME	
STREET ADDRESS	1600 S OCEAN DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	ST ☒ Change ☐ Addition
NAME	SCHEIDER, EDWARD, MD	4.2 NAME	
STREET ADDRESS	1600 S OCEAN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LARKIN, CAROL	5.2 NAME	
STREET ADDRESS	1600 S OCEAN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	5.4 CITY-ST-ZIP	
TITLE	~~ST~~ deceased	6.1 TITLE	Joseph Pomerance D ☒ Change ☐ Addition
NAME	~~AUERBACK, FRANK~~	6.2 NAME	1600 S Ocean Dr.
STREET ADDRESS	~~1600 S OCEAN DR~~	6.3 STREET ADDRESS	Hollywood, FL. 33019
CITY-ST-ZIP	~~HOLLYWOOD, FL 00000~~	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: Wolf Pakula 3/27/95 305-925-2551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0007648