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 # 723

(6)

PALM TOWNHOUSE CONDOMINIUM, INC.

LUCIN	TOTTHIOUSE	COMPONIMION,	1110

Principal Place of Business

2200 MONROE ST.

Mailing Address

2200 MONROE ST. HOLLYWOOD FL 33020-7010

FILED May 13 1997 8:00am Secretary of State



HOLLINGOU F	L 33020-2337	HOLLINGOD PL 93020-7011	J							
			-		3. Date incorporated or Qualified 05/31/1972	3a. Date of t 07/30	ast Report 0/1996			
	lace of Business	2a. Mailing Address		4. FEI Number	_	Applied For				
21		26			59-6528068		Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Additional				
22	· · · · · · · · · · · · · · · · · · ·	27				F	ee Required			
City & State	e	City & State			6. Election Campaign Financing	\$5	5.00 May Be			
23		28		· · · · · · · · · · · · · · · · · · ·	Trust Fund Contribution	A	dded to Fees			
Zip	Country	Zip	Cov	intry	8. This corporation has liability for		der s. 199.032,			
24	25		30			Yes ∑Yo				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent					
				81 Name						
KAYE &	ROGER, P.A.			82 Street Address (P.O. Box Number is Not Acceptable) 83						
1500 W.	CYPRESS CREEK ROAD									
SUITE 2	07									
	DERDALE FL 33309									
				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 r	egistered agent, or both, in the State	of Florida. Such change was a	uthorize	d by the corp	poration's board of directors. I hereby accept	of the appointme	nt as registered			
agent. i a	m ramiliar with, and accept the oblig	jations of, Section 617.0503, Flo	rida Sta	iules.						
SIGNATURE .	Signature, typed or printed name of registered ag	ant and title if applicable ANOTE	Docintoro	d écont elepativa	required when reinstating)	DATE				
12.		ID DIRECTORS	13.	O Apera adminis	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12			
TITLE	D	DELETE	1.1 7	TLE PD						
NAME	TABIB, EYAL		12 N	- 1	DEANNA HUTTON		miles MED Fredition			
·					2200 MONROEST 1	<i>ዓ/</i> ፖ ,				
STREET ADDRESS	2200 MONROE ST #11			TREET ADDRESS	HOILY WOOD, FL. 3:					
CITY-ST-ZIP	HOLLYWOOD FL 33020			ITY - ST - ZIP	7					
TITLE	DT	☑ DELETE	2.1 T		P	☐ Ch	nange Addition			
NAME	ROACH, LUIS		22 N	AME	WANDA J. CALLAWI	41				
STREET ADORESS	2200 MONROE ST #29		235	TREET ADDRESS	2200 MONROE ST. 1	200.67				
CITY-ST-ZIP	HOLLYWOOD FL 33020		240	OTY-ST-ZIP	HOILYWOOD, FL. 3.	3020				
TITLE	DV	☑ DELETE	3.1 T	TLE			nange 🗖 Addition			
NAME	Dounias, rostas		32 N	AME .	JOHN DILLON					
STREET ADDRESS	2200 MONROE ST #22		3.3 S	TREET ADDRESS	2200 MOUROE ST. A	PT . 3				
CITY-ST-ZIP	HOLLYWOOD FL 33020		34.0	OTY-ST-ZIP	JOHN DILLON 2200 MONROE ST. A HOLLYWOOD, FL. 33	1020				
TITLE	S	☐ DELETE	4.1 T			☐ Ch	nange Addition			
NAME	WILLIAMS, ANGEL		4.21	IAME I			- 			
STREET ADDRESS	2200 MONROE ST #8		1	TREET ADDRESS						
CITY-ST-ZIP	HOLLYWOOD FL 33020			ITY-ST-ZIP						
TITLE	1.00E11100D1E 000E0	DELETE	51 T			□ Ch	ange Addition			
NAME		hand persons	5.2 N				- Liverigan			
STREET ADDRESS				TREET ADDRESS						
CITY-ST-ZIP		Dourt		TY-ST-ZIP	<u> </u>					
THLE		☐ DELETE	6.1 Ti		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	☐ Ch	ange Addition			
NAME			6.2 N		;					
STREET ADDRESS			6.3 \$	TREET ADDRESS						
CłTY-ST-ZIP			640	ity+St-ZIP	<u> </u>					
14. I do heret	by certify that the information supplies	ed with this filing does not qualify	or the	exemption st	tated in Section 119.07(3)(i), Florida Statute	s. I further certif	v that the			

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 3 if changed, or on an altachment with an address.

SIGNATURE

MUMMUS TO THE LET THE OF SIGNING OFFICER OF DIRECTOR

4-28-97

Davime Phone # Accused