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

APPROVED AND FILED
95 APR 20 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 724795 (0)

1. Corporation Name
LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATIO N INC

Principal Place of Business	Mailing Address
301 LAKE SHORE DR. LAKE PARK FL 33403	301 LAKE SHORE DR. LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/15/1972
3a. Date of Last Report: 02/25/1994
4. FEI Number: 59-1441298 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SEACREST MANAGEMENT INC 3700 GEORGIA AVENUE WEST PALM BEACH FL 33405	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director/Pres.	☒ Change ☐ Addition
NAME	SIMMONS, GEORGE	1.2 NAME	Coleman, HARRY	
STREET ADDRESS	301 LAKE SHORE DRIVE 104	1.3 STREET ADDRESS	301 LakeShore Dr. #508	
CITY-ST-ZIP	LAKE PARK, FL 00000	1.4 CITY-ST-ZIP	Lake Park FL. 33403	
TITLE	VPD	2.1 TITLE	Director VP	☒ Change ☐ Addition
NAME	COLEMAN, HARRY	2.2 NAME	John Young	
STREET ADDRESS	301 LAKESHORE DRIVE #508	2.3 STREET ADDRESS	301 Lakeshore Dr. #802	
CITY-ST-ZIP	LAKE PARK, FL 00000	2.4 CITY-ST-ZIP	Lake Park, FL. 33403	
TITLE	VD	3.1 TITLE	Director/Secy.	☒ Change ☐ Addition
NAME	YOUNG, JOHN	3.2 NAME	Christopher Farrell	
STREET ADDRESS	301 LAKESHORE ROAD SUITE #802	3.3 STREET ADDRESS	301 Lakeshore Dr #410	
CITY-ST-ZIP	LAKE PARK, FL 00000	3.4 CITY-ST-ZIP	Lake Park, FL. 33403	
TITLE	SD	4.1 TITLE	Director/Treas.	☒ Change ☐ Addition
NAME	WITHCER, JEAN	4.2 NAME	R.J. Montanye	
STREET ADDRESS	301 LAKE SHORE DRICE #611	4.3 STREET ADDRESS	301 Lake Shore Dr. #406	
CITY-ST-ZIP	LAKE PARK, FL 00000	4.4 CITY-ST-ZIP	Lake Park, FL. 33403	
TITLE	TD	5.1 TITLE	Director/Vice Treas.	☒ Change ☐ Addition
NAME	HARING, EDWARD	5.2 NAME	Edward HARING	
STREET ADDRESS	301 LAKE SHORE DRIVE, SUITE 303	5.3 STREET ADDRESS	301 Lake Shore Dr # 303	
CITY-ST-ZIP	LAKE PARK FL	5.4 CITY-ST-ZIP	Lake Park, FL. 33403	
TITLE	D	6.1 TITLE		☒ Change ☐ Addition
NAME	HOWE, HARRY	6.2 NAME		
STREET ADDRESS	301 LAKESHORE DRIVE, SUITE #503	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE PARK FL	6.4 CITY-ST-ZIP		

OK

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: R.J. Montanye 4/15/95 (407) 842-5184
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #

0047808