

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **726246** (2)
1. Corporation Name
PHOENIX TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
2800 N. OCEAN DRIVE RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified **04/27/1973** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1452931	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent
**LASKOWITZ, THELMA
2800 N OCEAN DRIVE B4C
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent
B1 Name **Robert Gonstead**
B2 Street Address (P.O. Box Number is Not Acceptable) **2800 N. Ocean Drive A14B**
B3
B4 City **Riviera Beach, FL** B5 Zip Code **33404**

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 **Robert Gonstead** DATE **April 26, 1996**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LASKOWITZ, THELMA	
STREET ADDRESS	2800 N. OCEAN DRIVE B4C	
CITY-ST-ZIP	RIVIERA BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIBLASIO, HENRY	
STREET ADDRESS	5927 TIPPECANOE ROAD	
CITY-ST-ZIP	CANFIELD OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABERNETHY, CHARLIE	
STREET ADDRESS	50-2 MONTGOMERY DRIVE	
CITY-ST-ZIP	CANFIELD OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LATTA, ROGER	
STREET ADDRESS	2800 N OEAN DRIVE A19C	
CITY-ST-ZIP	RIVIERA BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jordan Steinberg	
1.3 STREET ADDRESS	2800 N. Ocean Drive A7 A&D	
1.4 CITY-ST-ZIP	Riviera Beach, Fl. 33404	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	Sec/Treas.	
2.2 NAME	Robert Gonstead	
2.3 STREET ADDRESS	2800 N. Ocean Drive A14B	
2.4 CITY-ST-ZIP	Riviera Beach, FL. 33404	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *[Signature]* Date: **4/20/96** 407-844-8641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)