


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 726246 (2)**  
1. Corporation Name  
**PHOENIX TOWERS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>2800 N. OCEAN DRIVE RIVIERA BEACH FL 33404</b>	Mailing Address <b>2800 N. OCEAN DRIVE RIVIERA BEACH FL 33404-3297</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/27/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1452931</b>		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GONSTEAD, ROBERT 2800 N OCEAN DRIVE A14B RIVIERA BEACH FL 33404</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEINBERG, JORDAN</b>	1.2 NAME	<b>C.R. KNUTH</b>
STREET ADDRESS	<b>2800 N OCEAN DRIVE A7 A&amp;D</b>	1.3 STREET ADDRESS	<b>2800 N. Ocean Drive</b>
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	1.4 CITY-ST-ZIP	<b>Riviera Beach, Fl. 33404</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIBLASIO, HENRY</b>	2.2 NAME	<b>Payne Marshall</b>
STREET ADDRESS	<b>5927 TIPPECANOE ROAD</b>	2.3 STREET ADDRESS	<b>1514 Ardmore Place</b>
CITY-ST-ZIP	<b>CANFIELD OH</b>	2.4 CITY-ST-ZIP	<b>Kingsport, TN. 37664</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABERNETHY, CHARLIE</b>	3.2 NAME	
STREET ADDRESS	<b>50-2 MONTGOMERY DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CANFIELD OH</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LATTA, ROGER</b>	4.2 NAME	
STREET ADDRESS	<b>2800 N OCEAN DRIVE A19C</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BCH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONSTEAD, ROBERT</b>	5.2 NAME	
STREET ADDRESS	<b>2800 N OCEAN DRIVE A14B</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIVIERA BEACH FL 33404</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E037 (9/96)