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Jul 01 1997 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 733379
 1. Corporation Name
COUNTRY CLUB TOWER OF CORAL SPRINGS ASSOCIATION

Principal Place of Business Mailing Address
10777 W. SAMPLE RD. CORAL SPRINGS, FL. 33065-3797 **Same as PRINCIPLE**

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

3. Date Incorporated or Qualified **07/24/75** 3a. Date of Last Report **03/01/96**
 4. FEI Number **59-1579150** 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**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
Mason, Daniel J., M.D. 81 Name
Country Club Tower of Coral Spgs. Assoc 82 Street Address (P.O. Box Number is Not Acceptable)
10777 W. Sample Rd. 83
Coral Springs, FL 33065 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 _____ (NOTE: Registered Agent's signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
PD	Mason, Dr. Daniel J.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10777 W. Sample Rd.	10777 W. Sample Rd.	13 STREET ADDRESS	
Coral Springs, FL 33065	Coral Springs, FL 33065	14 CITY-ST-ZIP	
VD	Iarriccio, Nicholas J.	21 TITLE	
10777 W. Sample Rd.	10777 W. Sample Rd.	22 NAME	
Coral Springs, FL 33065	Coral Springs, FL 33065	23 STREET ADDRESS	
M	Izone, Dorothy	24 CITY-ST-ZIP	
10777 W. Sample Rd.	10777 W. Sample Rd.	31 TITLE	
Coral Springs, FL 33065	Coral Springs, FL 33065	32 NAME	
TD	Andreana, Dante	33 STREET ADDRESS	
10777 W. Sample Rd.	10777 W. Sample Rd.	34 CITY-ST-ZIP	
Coral Springs, FL 33065	Coral Springs, FL 33065	41 TITLE	
SD	Sanderoff, Nancy	42 NAME	
10777 W. Sample Rd.	10777 W. Sample Rd.	43 STREET ADDRESS	
Coral Springs, FL 33065	Coral Springs, FL 33065	44 CITY-ST-ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:  **6/20/97 (954) 752-3750**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE

CR2E034 (9/96)