## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 753085

(0)

THE TOWER AT PORT ROYALE CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business

Mailing Address

3200 PORT ROYALE DRIVE NORTH FT. LAUDERDALE FL 33306 3200 PORT ROYALE DRIVE NORTH FT. LAUDERDALE FL 33308



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													3. Date Incorporated or Qualified 06/24/1980			3a. Date of Last Report 06/20/1995			
	Principa! Pla	ice of Busine	ess			2a. Mailing Address						4. FEI Nur 50-	nber - <b>2096 19</b>	M				_	olied For
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22	Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certifica	ate of Status Desired \$8.75 Additional Fee Required							
City & State						City & State						6. Election	Campaig	n Financ	ing		\$5	.00	May Be
23						28						Trust Fund Contribution Added to I					Fees		
	Zip	Country				<b>⊢</b> . ⊢			Country			8. This corporation has liability for intangible tax under					s. 19	9.032,	
24			25		29		30		_				Statutes			Yes 🗆			
9. Name and Address of Current Registered Agent										Name	1	0. Name	and Addr	ess of h	lew Re	gistered	Agent		
		& POLIAK		82	82 Street Address (P.O. Box Number is Not Acceptable)														
			Drate Park	83	L														
	3111 STIRLING ROAD																		
	FT. LAUDERDALE FL 33312-6525																85	Zip C	ode
11	or registere	ed agent, or	both	of Sections 617.0502 , in the State of Flori	ch change was	ie above-i y the corp	L. na xor	med corp ration's b	poration poard of	n submits t f directors.	his statem	ent for th	he purpe e appoir	ose of ch intment as	anging it register	s regi	stered office ent. I am		
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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE																			
		Signature, typed	ted name of registered agent	gistered Ager	nt s	signature req	uired whe					DATE							
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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), Fiorida 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;

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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954-776-0233

RZE037 (12/95)