

FILE NOW: FILING FEE IS \$61.25

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Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753085

1. Corporation Name
THE TOWER AT PORT ROYALE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 3200 PORT ROYALE DRIVE NORTH FT. LAUDERDALE FL 33308	Mailing Address 3200 PORT ROYALE DRIVE NORTH FT. LAUDERDALE FL 33308
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/24/1980
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2096190
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BECKER & POLIAKOFF EMERALD LAKE CORPORATE PARK 3111 STIRLING ROAD FT. LAUDERDALE FL 33312-6525		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. City	FL
		85. Zip Code	

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 _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLITTEN, ARTHUR	1.2 NAME	
STREET ADDRESS	3200 PT. ROYALE, DRIVE, NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SFARZO, STEPHAN	2.2 NAME	
STREET ADDRESS	3200 PORT ROYALE DR N	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUBERT, FREDERICK	3.2 NAME	Hass, Robert
STREET ADDRESS	3200 PORT ROYALE DR N	3.3 STREET ADDRESS	SD
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	3.4 CITY-ST-ZIP	3200 Port Royale Dr. N.
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDEN, STUART	4.2 NAME	
STREET ADDRESS	3200 PORT ROYALE DR N	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HASS, ROBERT	5.2 NAME	Wiener, Ethelind
STREET ADDRESS	3200 PORT ROYALE DR N	5.3 STREET ADDRESS	3200 Port Royale Dr. N
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIELENBERY, ALBERT	6.2 NAME	D. Martin, Gene
STREET ADDRESS	3200 PT. ROYALE DRIVE, N.	6.3 STREET ADDRESS	3200 Port Royale Dr. N
CITY-ST-ZIP	FT. LAUDERDALE FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308

14. I 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/21/99** Daytime Phone #: **954-776-0233**

CR2E037 (11/98)