

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 # **758114** (3)

1. Corporation Name
THE TOWERS OF OCEANVIEW POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**200 LESLIE DR
LOWER LOBBY
HALLANDALE FL 33009
US**

Mailing Address
**400 LESLIE DR. #215
HALLANDALE FL 33009**

3. Date Incorporated or Qualified **11/06/1981** 3a. Date of Last Report **04/07/1995**

4. FEI Number **59-2134818** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**WOLOFSKY, SYDNEY
400 LESLIE DR #215
HALLANDALE, FL
33009**

10. Name and Address of New Registered Agent

81 Name **KENNETH WOLOFSKY**

82 Street Address (P.O. Box Number is Not Acceptable) **400 LESLIE DR #215**

83

84 City **HALLANDALE** FL 85 Zip Code **33009**

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 *[Signature]* DATE **3/14/96**

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLOFSKY, PETER	
STREET ADDRESS	400 LESLIE, DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WOLOFSKY, SYDNEY	
STREET ADDRESS	400 LESLIE, DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	WOLOFSKY, KENNETH	
STREET ADDRESS	400 LESLIE, DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	JEFFREY M. PERLOW
4.3 STREET ADDRESS	1820 E. HALLANDALE BEACH BLVD
4.4 CITY-ST-ZIP	HALLANDALE, FL 33009
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: **3/14/96** DAYTIME PHONE #: **(954) 456-2888**

CR2E037 (12/95)