

FILE NOW: FILING FEE IS \$61.25

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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33009-2963

3. Date Incorporated or Qualified: 11/06/1981  
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip Country  
25. Zip Country

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

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  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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

TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOLOFSKY, PETER	
STREET ADDRESS	400 LESLIE, DR	
CITY-ST-ZIP	HALLANDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERLOW, JEFFREY	
STREET ADDRESS	1820 E HALLANDALE BEACH BLVD	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	NTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOLOFSKY, PETER	
1.3 STREET ADDRESS	400 LESLIE DR #215	
1.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
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	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WOLOFSKY, KENNETH	
3.3 STREET ADDRESS	400 LESLIE DR #215	
3.4 CITY-ST-ZIP	HALLANDALE, FL 33009	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: \_\_\_\_\_ SIGNATURE REQUIRED: KENNETH WOLOFSKY 4/14/97 (954) 456-2588  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0022583

CR2E037 (9/96)