

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90178 035 \*\*\*\*61.25

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 758114**

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**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/06/1981
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2134818
24 Country	29 Country	Applied For
25	30	Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
10. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>WOLOFSKY, SYDNEY</b> <b>400 LESLIE DR 215</b> <b>HALLANDALE, FL</b> <b>33009</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		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	VTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLOFSKY, PETER	1.2 NAME	
STREET ADDRESS	400 LESLIE DR #215	1.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLOW, JEFFREY	2.2 NAME	
STREET ADDRESS	1820 E HALLANDALE BEACH BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLOFSKY, KENNETH	3.2 NAME	
STREET ADDRESS	400 LESLIE DR #215	3.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE, FL 00000	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **X** SIGNATURE REQUIRED **4/23/99** Date **(954) 458.2224** Daytime Phone

CR2E037 (11/98)