

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 # 764308 (3)

1. Corporation Name
REDINGTON TOWERS CLUB ASSOCIATION, INC.



Principal Place of Business: 5901 SUN BLVD. #203 ST. PETERSBURG FL 33715
Mailing Address: 5901 SUN BLVD. #203 ST. PETERSBURG FL 33715

3. Date Incorporated or Qualified: **07/27/1982**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: **59-2297979**
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: **NEWTON, WILLIAM C. 5901 SUN BLVD. #203 ST. PETERSBURG FL 33715**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	ALTIZER, HARRELL 5901 SUN BLVD., 203 ST. PETERSBURG FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD	BRASSEL, FRED 5901 SUN BLVD., 203 ST. PETERSBURG FL	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	MANOLAS, NICK 5901 SUN BLVD., 203 ST. PETERSBURG FL	2.2 NAME	Mounir ElBeyrouy
TITLE: D	LARSON, BILL 5901 SUN BLVD., 203 ST. PETERSBURG FL	2.3 STREET ADDRESS	5901 Sun Blvd., #203
TITLE: S	HUG, MONICA 5901 SUN BLVD., 203 ST. PETERSBURG FL	2.4 CITY-ST-ZIP	St. Petersburg, FL 33715
TITLE: VD	HAMMESFAHR, FRED 5901 SUN BLVD., 203 ST. PETERSBURG FL	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 type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	Darlene Abboud
		5.3 STREET ADDRESS	5901 Sun Blvd., #203
		5.4 CITY-ST-ZIP	St. Petersburg, FL 33715
		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: *Donita Belg* 1-31-96 813-866-3115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)