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Feb 17 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 # 764308 (3)

1. Corporation Name

REDINGTON TOWERS CLUB ASSOCIATION, INC.



Principal Place of Business Mailing Address
5901 SUN BLVD. #203 ST. PETERSBURG FL 33715
5901 SUN BLVD. #203 ST. PETERSBURG FL 33715-1194

3. Date Incorporated or Qualified 07/27/1982
3a. Date of Last Report 02/28/1996

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 29. Country 30. Country
4. FEI Number 59-2297979 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

NEWTON, WILLIAM C.
5901 SUN BLVD. #203
ST. PETERSBURG FL 33715

10. Name and Address of New Registered Agent

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	ALTIZER, HARVELL	<input type="checkbox"/> DELETE
NAME	5901 SUN BLVD., 203	
STREET ADDRESS	ST. PETERSBURG FL	
CITY-ST-ZIP		
TITLE	ELBEYROUTY, MOUNIR	<input type="checkbox"/> DELETE
NAME	5901 SUN BLVD #203	
STREET ADDRESS	ST. PETERSBURG FL	
CITY-ST-ZIP		
TITLE	MANOLAS, NICK	<input type="checkbox"/> DELETE
NAME	5901 SUN BLVD., 203	
STREET ADDRESS	ST. PETERSBURG FL	
CITY-ST-ZIP		
TITLE	LARSON, BILL	<input type="checkbox"/> DELETE
NAME	5901 SUN BLVD. #203	
STREET ADDRESS	ST. PETERSBURG FL	
CITY-ST-ZIP		
TITLE	ABBOUD, DAN	<input type="checkbox"/> DELETE
NAME	5901 SUN BLVD #203	
STREET ADDRESS	ST. PETERSBURG FL	
CITY-ST-ZIP		
TITLE	HAMMESFAHR, FRED	<input type="checkbox"/> DELETE
NAME	5901 SUN BLVD., 203	
STREET ADDRESS	ST. PETERSBURG FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ted Brothwell	
1.3 STREET ADDRESS	5901 Sun Blvd.	
1.4 CITY-ST-ZIP	St. Petersburg, Fl 33715	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	President	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Richard Muzyka	
3.3 STREET ADDRESS	5901 Sun Blvd.	
3.4 CITY-ST-ZIP	St. Petersburg, Fl 33715	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Tony D'Angelo	
4.3 STREET ADDRESS	5901 Sun Blvd.	
4.4 CITY-ST-ZIP	St. Petersburg, Fl 33715	
5.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Stanley Teate	
5.3 STREET ADDRESS	5901 Sun Blvd.	
5.4 CITY-ST-ZIP	St. Petersburg, Fl 33715	
6.1 TITLE	Secretary	<input checked="" 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: MOUNIR ELBEYROUTY (P) 2/2/97 (813) 319-2500
DATE: 2/2/97 DAYTIME PHONE: 0051143

CR2E037 (9/96)