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Mar 08, 1999 8:00 am
Secretary of State

0056079

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

03-08-1999 90040 017 ****61.25

DOCUMENT # 764308

1. Corporation Name

REDINGTON TOWERS CLUB ASSOCIATION, INC.

Principal Place of Business

C/O CMC
4175 EAST BAY DR. STE 205
CLEARWATER FL 33764
US

Mailing Address

C/O CMC
4175 EAST BAY DR. STE 205
CLEARWATER FL 33764
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

07/27/1982

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

9. Name and Address of Current Registered Agent

COMMUNITY MANAGEMENT CONCEPTS INC.
4175 EAST BAY DR.
SUITE 205
CLEARWATER FL 33764

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 VP DELETE
NAME TEATE, STANLEY
STREET ADDRESS 17920 GULF BLVD #404
CITY-ST-ZIP REDINGTON SHORES FL 33708

TITLE P DELETE
NAME ELBEYROUTY, MOUNIR
STREET ADDRESS 5901 SUN BLVD #203
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D DELETE
NAME HAMMESFAHR, FRED
STREET ADDRESS 17940 GULF BLVD #18C
CITY-ST-ZIP REDINGTON SHORES FL 33708

TITLE D DELETE
NAME D'ANGELO, TONY
STREET ADDRESS 5901 SUN BLVD.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE T DELETE
NAME BRASSEL, FRED
STREET ADDRESS 17920 GULF BLVD #1004
CITY-ST-ZIP REDINGTON SHORES FL 33708

TITLE S DELETE
NAME GLOVER, BOB
STREET ADDRESS 17900 GULF BLVD #14F
CITY-ST-ZIP REDINGTON SHORES FL 33708

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VP Change Addition
3.2 NAME Ted Brothwell
3.3 STREET ADDRESS 17900 Gulf Blvd # 11F
3.4 CITY-ST-ZIP Redington Shores FL 33708

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE D Change Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)