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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

N19042

(3)

ST. MARY TOWERS, INC.

Dringing! Place	of Rusiness	Mailing Address						JIJH 810H BHUH I		
Timoper viscos of positions				MANAGES	IEAIT					
C/O OFFICE 3075 NW 35T	OF HOUSING MANAGEMENT	C/O OFFICE 3075 NW 35T		MANAGEN	IENI					
	LAKES FL 33311	LAUDERDALE		3311		3. Date Incorporated or Qual	lified	3a. Date of La	st Repo	rt
						02/04/1987		03/09	7/1995	ļ.
2. Principal Pla	ne of Rusiness	2a. Mailing Add	Iress			4. FEI Number			Applie	d For
2. 7 M Opar 1 0	00 0. D00,1000	26				58-7071142			Not A	pplicable
Suite, Apt. #	, etc.	Suite, Apt.	#, etc.			5. Certificate of Status Desire	ed [75 Add	
:2		27							e Requi	
City & State		City & State	9			Election Campaign Finance Tour Fund Contribution	ing [. 00 Ma ided to F	•
3		28 Zin		Country		Trust Fund Contribution 8. This corporation has liability	ty for inten			
Zip	Country	Zip 29	3	¬ ′		Florida Statutes	III.	es 👿 No		002,
4	9. Name and Address of Curre			<u> </u>		10. Name and Address of N	lew Regis	tered Agent		
	3. 144110 4114 7104 7104			81	Name					
CITTOFF	ALD IDATRICK ECONIDE			82	Street Art	Idress (P.O. Box Number is Not Acc	ceptable)			
FITZGERALD, J PATRICK, ESQUIRE 110 MERRICK WAY					SUBBURG	Jaress (F.O. Box Number is Not Acceptancy				
SUITE 2				83						
	GABLES FL 33134			84	City			85	Zip Coo	de
					1			FL		
11. Pursuant t	o the provisions of Sections 617.05 ed agent, or both, in the State of Fk	02 and 617.1508, Flori	ida Statutes, t	the above-	named corp	oration submits this statement for t	the purpose ne appointm	e of changing ment as registe	ts registe red ager	ered office nt. I am
	ad agent or both in the State of FK	orina. Sucri change wa	is autiliorized i	by the corp	ioration s be	pard of directors. This coy decept as	о аррении			
or register familiar wit	th, and accept the obligations of, Se	ection 617.0503, Florida	a Statutes.							
familiar wit	th, and accept the obligations of, Se	ection 617.0503, Florida	a Statutes.							
familiar wit	th, and accept the obligations of, Se Signature, typed or printed name of registered ag	pent and title if applicable.	a Statutes.			irod when reinstating)		DATE	TORS I	N 12
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SIGNATURE:

NITED NAME OF SIGNING OFFICER OF DIRECTOR

(305) 757-2824

A RABONIAN ARA KERIA MEKIN TERIN DIANG MAKERIPAN BIRIH BIRIK BATAN DIRIH BIRIH BATAN

Daytime Phone #