

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710497 (9)

1. Corporation Name

LONDON TOWER CONDOMINIUM, INC.

Principal Place of Business

9381 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154

Mailing Address

9381 EAST BAY HARBOR DRIVE
BAY HARBOR ISLAND FL 33154



3. Date Incorporated or Qualified

03/10/1966

3a. Date of Last Report

03/29/1995

4. FEI Number

59-1144872

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

RICHTER, MILTON
9381 E BAY HARBOR DR
BAY HARBOR ISL, FL
33154

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	D	<input type="checkbox"/> DELETE
NAME	MANZANARES, ROBERT	
STREET ADDRESS	9381 E. BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR IS, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GOLDBERG, LIBBY	
STREET ADDRESS	9381 E BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR IS, FL 00000	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	NEEDLE, GILBERT	
STREET ADDRESS	9381 E BAY HARBOR DR	
CITY-ST-ZIP	BAY HARBOR IS, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	COUGHLIN, VINCENT	
STREET ADDRESS	9381 E. BAY HARBOR DRIVE	
CITY-ST-ZIP	BAY HARBOR ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Renee Crossman	
1.3 STREET ADDRESS	9381 E Bay Harbor Dr.	
1.4 CITY-ST-ZIP	Bay Harbor Is. FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Robert Manzanares

6/13/96

Date

305-865-7242

Daytime Phone #

CR2E037 (3/96)