


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40536** (7)
1. Corporation Name
MAJESTIC TOWERS COMMUNITY ASSOCIATION, INC.



Principal Place of Business 1325 S. CONGRESS AVENUE BOYNTON BEACH FL 33426	Mailing Address 1325 S. CONGRESS AVENUE BOYNTON BEACH FL 33426-5876
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3. Date Incorporated or Qualified 10/26/1990	3a. Date of Last Report 05/28/1996
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2. Principal Place of Business 21 721 U.S. Hwy. 1 Suite, Apt. #, etc. 22 220	2a. Mailing Address 26 721 U.S. Hwy. 1 Suite, Apt. #, etc. 27 220	4. FEI Number 65-0231390 Applied For Not Applicable
23 North Palm Beach, FL City & State 24 33408 Zip 25 PB Country	28 North Palm Beach, FL City & State 29 33408 Zip 30 PB Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEASE, MARIAN P
5355 TOWN CENTER ROAD
#801
BOCA RATON FL 33486

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEASE, MARIAN	1.2 NAME	D
STREET ADDRESS	5355 TOWN CENTER ROAD, #801	1.3 STREET ADDRESS	DEMPSEY, ROSE
CITY-ST-ZIP	BOCA RATON FL 33486	1.4 CITY-ST-ZIP	1617 N. FLAGLER DR #12A
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUZ, LOUIS	2.2 NAME	
STREET ADDRESS	1617 N. FLAGLER DRIVE, #12A	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTHPLETZ, ROLAND	3.2 NAME	
STREET ADDRESS	P.O. BOX 33209	3.3 STREET ADDRESS	5355 TOWN CENTER RD #801
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420	3.4 CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 and 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/97 (561) 391-4900
Date Daytime Phone # 0041695

CR2E037 (9/96)