

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745207** (1)  
1. Corporation Name  
**PARKER TOWER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>3140 SOUTH OCEAN DRIVE HALLANDALE FL 33009</b>	Mailing Address <b>3140 SOUTH OCEAN DRIVE HALLANDALE FL 33009</b>
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3. Date Incorporated or Qualified <b>12/12/1978</b>	
4. FEI Number <b>59-1920067</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FEIN, STEVEN  
4700-B SHERIDAN ST.  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City <b>FL</b> 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	P <input type="checkbox"/> DELETE
NAME	<b>CALMER, CURT</b>
STREET ADDRESS	<b>3140 S OCEAN DR., #2211</b>
CITY-ST-ZIP	<b>HALLANDALE, FL 00000</b>
TITLE	VP <input type="checkbox"/> DELETE
NAME	<b>KITNER, MURRAY</b>
STREET ADDRESS	<b>3140 S OCEAN DR., #1204</b>
CITY-ST-ZIP	<b>HALLANDALE, FL 00000</b>
TITLE	T <input type="checkbox"/> DELETE
NAME	<b>MONTRONY, JOSEPH</b>
STREET ADDRESS	<b>3140 S OCEAN DR., #2206</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	S <input type="checkbox"/> DELETE
NAME	<b>BARON, SELMA</b>
STREET ADDRESS	<b>3140 S OCEAN DRIVE, #404</b>
CITY-ST-ZIP	<b>HALLANDALE, FL 00000</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>SWARTZ, RENEE</b>
STREET ADDRESS	<b>3140 S OCEAN DRIVE, #312</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>
TITLE	D <input type="checkbox"/> DELETE
NAME	<b>WARREN, ISRAEL</b>
STREET ADDRESS	<b>3140 S OCEAN DRIVE, #2012</b>
CITY-ST-ZIP	<b>HALLANDALE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Swartz, Renee</b>
1.3 STREET ADDRESS	<b>3140 S Ocean Dr #312</b>
1.4 CITY-ST-ZIP	<b>Hallandale Fl 33009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Kitner Murray</b>
2.3 STREET ADDRESS	<b>3140 S Oeane Dr #1204</b>
2.4 CITY-ST-ZIP	<b>Hallandale Fl 33009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Montrony Joseph</b>
3.3 STREET ADDRESS	<b>3140 S Ocean Dr #2206</b>
3.4 CITY-ST-ZIP	<b>Hallandale Fl 33009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Baron Selma</b>
4.3 STREET ADDRESS	<b>3140 S Ocean Dr #404</b>
4.4 CITY-ST-ZIP	<b>Hallandale Fl 33009</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Calmer Curt</b>
5.3 STREET ADDRESS	<b>3140 S Ocean Dr #2211</b>
5.4 CITY-ST-ZIP	<b>Hallandale Fl 33009</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Sierra Jose</b>
6.3 STREET ADDRESS	<b>3140 S Ocean Dr #909</b>
6.4 CITY-ST-ZIP	<b>Hallandale Fl 33009</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(1), 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 of Registered Agent*

1-13-98 954 44-4366

CR2E037 (10/97)