FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713713

(6)

STARLIGHT TOWERS ASSOCIATION, INC.

Principal Place of Business Malling Address					i contre shift, tribbe liette effent einban e	fi mitti debit aleit minis a	1911 91961 (99)
6000 N. OCEAN BLVD. FT. LAUDERDALE FL 33308		6000 N. OCEAN BLVD. FT. LAUDERDALE FL 33308-2350					
					3. Date Incorporated or Qualified 11/29/1967	3a. Date of Last f 02/26/19	Report 96
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number 59-1234157	^_	pplied For
21		26			39-1234157		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired			
City & State		City & State		6. Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution			
Zip	Country	Zip	Country	/	8. This corporation has liability for it		
24	25		30			Yes No	/************************************
	9. Name and Address of Curre	nt Registered Agent		T:	10. Name and Address of New Re	platered Agent	
			81	Name			
	OFF, GARY A		82	82 Street Address (P.O. Box Number is Not Acceptable)			***************************************
	IRLING RD		83				
FI LAUD	DERDALE FL 33312-3525		8	ĺ			
Ì			84	City		FL 85 Zip	Code
11 Purcuant	to the provisions of Sections 617 050	02 and 617 1508. Florida Statute	s the show	e-named cor	rooration submits this statement for the n		its registered
office or r	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized b	the corpore	rporation submits this statement for the pation's board of directors. I hereby accept	t the appointment as	s registered
i e	im ramiliar with, and accept the oblig	jations or, Section 617.0003, Flor	IUA SIAIUIO	3 .			
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Ag	eni signature requ	lred when reinstaling)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	SICKLER, EDNA		1.2 NAME			-	
STREET ADDRESS	6000 N. OCEAN BLVD		1.3 STREE	ADDRESS			
CITY - ST - ZIP	FT. LAUD FL	I Delete	1.4 CITY -	ST-ZIP		- I Change	Addition
TITLE	VPD	☐ DELETE	2.1 TITLE			Change	L. AQUILLON
NAME	TERNAVISIO, EMILY 6000 N OCEAN BLVD		2.2 NAME				
STREET ADDRESS	FT. LAUD. FL		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP				
CITY-ST-ZIP	TD TD			51-217		☐ Change	Addition
NAME	DURLING, JEAN		3.1 TITLE 3.2 NAME				
STREET ADDRESS	6000 N. OCEAN BLVD			T ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		3.4. CITY -	Y			
TITLE	SD	DELETE	4.1 TITLE			☐ Change	Addition
NAME	MARRIOTT, BILL		4. 2 NAME				
STREET ADDRESS	6000 N. OCEAN BLVD		4.3 STREE	T ADDRESS	•		
CITY-ST-ZIP	FT LAUDERDALE FL		4.4 CITY-	ST-ZIP		·····	
TITLE	D	☐ DELETE	5.1 TITLE			L Change	Addition
NAME	FAELLA, JOHN		5.2 NAME		:		
STREET ADDRESS	6000 N. OCEAN BLVD			T ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL	T DELETE	5.4 CITY-	ST-ZIP		Chance	Addition
TITLE SD	MIDDLETON, MARY	☐ DELETE	6.1 TITLE	1	•	Change	AGUILLON
NAME DEBET ADDRESS	6000 N OCEAN BL	'AD	6.2 NAME				
STREET ADDRESS	FT LAUD FL	•		T ADDRESS			
City-St-ZiP	I by certify that the information supplied	ed with this filing does not qualify	6.4 CITY-	emotion state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify tha	it the
informatio	on indicated on this annual report or	supplemental annual report is tri or the receiver or trustee empower	ue and acc ared to exe	urata and tha	at my signature shall have the same lega ort as required by Chapter 617, Florida S	il effect as if made ui	nder oath: Ihat

SIGNATURE

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2/18/97

FILED

Feb 21 1997 8:00am

Secretary of State

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