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Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 721529 (6)
1. Corporation Name
ALLINGTON TOWERS CONDOMINIUM, INC.



Principal Place of Business 1600 S. OCEAN DR. HOLLYWOOD FL 33019	Mailing Address 1600 S. OCEAN DR. HOLLYWOOD FL 33019
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3. Date Incorporated or Qualified 08/16/1971		
4. FEI Number 59-1379282	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
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		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

WOLF, PAKULA (D)
**1600 S. OCEAN DR./8J
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81 Name Robert Sbarbaro (P)
82 Street Address (P.O. Box Number is Not Acceptable) 1600 S. Ocean Dr./16G
83
84 City Hollywood, FL 85 Zip Code 33019

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 *ROBERT SBARBARO* DATE *March 20, 1998*

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ABRAHAMS, WILLIAM	
STREET ADDRESS	1600 S. OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABRAMS, IRVING	
STREET ADDRESS	1600 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAPLAN, WILLIAM	
STREET ADDRESS	1600 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KAUFMAN, JAY	
STREET ADDRESS	1800 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LARKIN, CAROL	
STREET ADDRESS	1600 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POMERANC, JOSEPH	
STREET ADDRESS	1600 S OCEAN DR	
CITY-ST-ZIP	HOLLYWOOD, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wolf Pakula	
1.3 STREET ADDRESS	1600 S. Ocean Dr./8J	
1.4 CITY-ST-ZIP	Hollywood, FL 33019	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Margaret Shea	
2.3 STREET ADDRESS	1600 S. Ocean Dr/3B	
2.4 CITY-ST-ZIP	Hollywood, FL. 33019	
3.1 TITLE	Treas.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Irving Corman	
3.3 STREET ADDRESS	1600 S. Ocean Dr./14C	
3.4 CITY-ST-ZIP	Hollywood, FL 33019	
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 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 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: *Robert Sbarbaro* **ROBERT SBARBARO 3/20/98 954-925-7551**

CR2E037 (10/97)