

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90121 033 ****61.25

DOCUMENT # 1721529

1. Corporation Name

ALLINGTON TOWERS CONDOMINIUM SOUTH FLA

Principal Place of Business

Mailing Address

1600 SOUTH OCEAN DR

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 HOLLYWOOD FL

26

6/23/71

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 HOLLYWOOD FL

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 33019 25 BRO

29

30

9. Name and Address of Current Registered Agent

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME MAXIE SHERA

1.2 NAME

STREET ADDRESS 1600 S OCEAN DR

1.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD FL 33019

1.4 CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME IRVING COLEMAN

2.2 NAME

STREET ADDRESS 1600 S OCEAN DR

2.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD FL 33019

2.4 CITY-ST-ZIP

TITLE ~~MAN~~ SECRETARY ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME WM KAUFMAN

3.2 NAME

STREET ADDRESS 1600 S OCEAN DR

3.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD, FL 33019

3.4 CITY-ST-ZIP

TITLE ~~TR~~ ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ROBERT SBARAKO

4.2 NAME

STREET ADDRESS 1600 S OCEAN DR

4.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD, FL 33019

4.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME PAT ABRAMS

5.2 NAME

STREET ADDRESS 1600 S OCEAN DR

5.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD, FL 33019

5.4 CITY-ST-ZIP

TITLE DIRECTOR ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME BEARLY NISSIOFF

6.2 NAME

STREET ADDRESS 1600 S OCEAN DR

6.3 STREET ADDRESS

CITY-ST-ZIP HOLLYWOOD, FL 33019

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)