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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **1721529**
 1. Corporation Name
ALLINGTON TOWERS CONDOMINIUM SOUTH FLA

Principal Place of Business Mailing Address
1600 SOUTH OCEAN DR

21	2. Principal Place of Business HOLLYWOOD FL	2a	Mailing Address	3.	Date Incorporated or Qualified 9/23/71
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4.	FEI Number Applied For / Not Applicable
23	City & State HOLLYWOOD FL	27	City & State	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33019	28	Country	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXIE SHEA	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT A BRANS	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beverly 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: **Robert Sbarako** **ROBERT SBARAKO** **4/17/99** **954 925 2551**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)