

DOCUMENT # 721529

1. Entity Name

ALLINGTON TOWERS CONDOMINIUM SOUTH

FILED Apr 06, 2000 8:00 am Secretary of State

04-06-2000 90038 036 \*\*\*\*61.25

Principal Place of Business Mailing Address 1600 SOUTH OCEAN DR HOLLYWOOD, FL 33019

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SUNRAE MANAGEMENT 7071 W COMMERCIAL BLVD TAMPA FL 33319

7. Name and Address of New Registered Agent

Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE [Signature] AGENT 4/3/00

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP MARGARET SHEA 1600 S OCEAN DR HOLLYWOOD, FL 33319

TITLE NAME STREET ADDRESS CITY-ST-ZIP P D

TITLE NAME STREET ADDRESS CITY-ST-ZIP ROBERT SBARRO 1600 S OCEAN DR HOLLYWOOD, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP T D

TITLE NAME STREET ADDRESS CITY-ST-ZIP WILLIAM KAPLAN 1600 S OCEAN DR HOLLYWOOD, FL 33319

TITLE NAME STREET ADDRESS CITY-ST-ZIP S D

TITLE NAME STREET ADDRESS CITY-ST-ZIP SONYA KOJIMA 1600 S OCEAN DR HOLLYWOOD, FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP UP D

TITLE NAME STREET ADDRESS CITY-ST-ZIP BEVERLY NISSANOFF 1600 S OCEAN DR HOLLYWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP D

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] AGENT 4/3/00

CR2E037 (9/99)