

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90370 001 ****61.25

DOCUMENT # 721529

1. Entity 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**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

4. FEI Number **59-1379282**
Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SUNRAE
SUNRAE MANAGEMENT SERVICES, INC.
7071 W COMMERCIAL BLVD
SUITE 2B
TAMARAC 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Karen Busch*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHEA, MARGE 1600 S OCEAN DRIVE # 3B HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bozek, Donald 1600 S. Ocean Drive #12B Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SBARBARO, ROBERT 1600 S OCEAN DRIVE # 16 G HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sbarbaro, Robert 1600 S. ocean Drive #16G Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CORMAN, IRVING 1600 S OCEAN DRIVE # 14 C HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NISSINOFF, BEVERLY 1600 S OCEAN DRIVE # 5E HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Nissinoff, Beverly 1600 S. Ocean Drive #5E Hollywood, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANE, SHIRLEY 1600 S OCEAN DRIVE # 9J HOLLYWOOD FL 33019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D William Kaplan 1600 S OCEAN DRIVE #1E Hollywood FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETTENA, ESTHER 1600 S OCEAN DRIVE # 12 E HOLLYWOOD FL 33019	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]* **4-9-03 954-9252551**

CR2E037 (10/02)