

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 722459 (5)

1. Corporation Name

PALM HAVEN TOWERS CONDOMINIUM, INC.



Principal Place of Business: 1912 MONROE ST. HOLLYWOOD FL 33020
Mailing Address: 1912 MONROE ST. HOLLYWOOD FL 33020

3. Date Incorporated or Qualified: 01/17/1972
3a. Date of Last Report: 02/14/1995
4. FEI Number: 59-1534651
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
CAMPBELL, IRMINTRAUD
1912 MONROE ST., #302
HOLLYWOOD FL 33020

10. Name and Address of New Registered Agent
81 Name: George Glover
82 Street Address (P.O. Box Number is Not Acceptable): 1912 Monroe St. # 303
83 City: Hollywood
84 City: Hollywood FL 85 Zip Code: 33020

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 617.0508, Florida Statutes.
SIGNATURE: George A. Glover (George A. Glover) President 1/16/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, IRMINTRAUD	
STREET ADDRESS	1912 MONROE ST., #302	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORWAY, CHRISTOPHER	
STREET ADDRESS	1912 MONROE ST., #206	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARQUIS, ROSAIRE	
STREET ADDRESS	1912 MONROE ST., #207	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GODUN, DOT	
STREET ADDRESS	1912 MONROE STREET	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GLOVER, GEORGE	
STREET ADDRESS	1912 MONROE ST. UNIT 303	
CITY - ST - ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	George Glover	
1.3 STREET ADDRESS	1912 Monroe St. Apt. 303	
1.4 CITY - ST - ZIP	Hollywood Fl. 33020	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUTH TITUS	
2.3 STREET ADDRESS	1912 Monroe St. Apt 406	
2.4 CITY - ST - ZIP	Hollywood Fl. 33020	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NANCY LAPIERRE	
3.3 STREET ADDRESS	1912 MONROE Apt 303	
3.4 CITY - ST - ZIP	Hollywood Fl. 33020	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Dot Godun	
4.3 STREET ADDRESS	1912 Monroe St. Apt 205	
4.4 CITY - ST - ZIP	Hollywood Fl	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MELVIN BERTRAM	
5.3 STREET ADDRESS	1912 Monroe Apt 404	
5.4 CITY - ST - ZIP	Hollywood Fl. 33020	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George A. Glover 1/16/96 (305)927-6508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)