FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 11:13

DOCUMENT # 722603 (8)

1. Corporation Name
TOWER 1515 CONDOMINIUM APARTMENTS ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
1515 S. FLAGLER DR. WEST PALM BCH FL 33401 US	1515 S. FLAGLER DR. WEST PALM BCH FL 33401 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1972
3a. Date of Last Report: 06/13/1994
4. FEI Number: 59-1531578 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
~~WILLIAM LOVIO~~
~~1515 S. FLAGLER DR.~~
~~WEST PALM BCH FL~~

10. Name and Address of New Registered Agent
81 Name: Peter Mollendarden
82 Street Address (P.O. Box Number is Not Acceptable)
83: ~~500 Australian Ave S 9th Fl~~
84 City: ~~West Palm Beach Fla~~ FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Peter Mollendarden — 2/10/95
Signature, typed or printed name of registered agent and date signed. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ D	1.1 TITLE	President ☐ Change XX ☐ Addition
NAME	JOHNSTON, STEPHEN	1.2 NAME	Bernice Parks
STREET ADDRESS	1515 S. FLAGLER DR., #2904	1.3 STREET ADDRESS	1515 So. Flagler Dr
CITY-ST-ZIP	W PALM BCH., FL 00000	1.4 CITY-ST-ZIP	WPB FL 33401
TITLE	~~V~~	2.1 TITLE	Vice President ☐ Change X ☐ Addition
NAME	~~VALDES, JOHN~~	2.2 NAME	Doreen Clark
STREET ADDRESS	1515 S. FLAGLER DR., #2401	2.3 STREET ADDRESS	Flagler Dr WPB
CITY-ST-ZIP	W PALM BCH., FL 00000	2.4 CITY-ST-ZIP	
TITLE	~~S~~ D	3.1 TITLE	Secretary/Treasurer ☐ Change X ☐ Addition
NAME	DIENER, BARRIE	3.2 NAME	Ellen Lorber
STREET ADDRESS	1515 S. FLAGLER DR., #2404	3.3 STREET ADDRESS	1515 So Flagler
CITY-ST-ZIP	WPB FL	3.4 CITY-ST-ZIP	West Palm Beach
TITLE	~~D~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~PARKS, BERNICE~~	4.2 NAME	
STREET ADDRESS	1515 S. FLAGLER DR., #301	4.3 STREET ADDRESS	
CITY-ST-ZIP	WPB FL	4.4 CITY-ST-ZIP	
TITLE	~~S~~	5.1 TITLE	☐ Change ☐ Addition
NAME	~~CLARK, DOREEN~~	5.2 NAME	
STREET ADDRESS	1515 S. FLAGLER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH., FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, BUD	6.2 NAME	
STREET ADDRESS	1515 S. FLAGLER DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH. FL	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)(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.

SIGNATURE: Bernice Parks, President — 2/13/95 — 407/833-8170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0047648