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Apr 25 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 722603 (8)

1. Corporation Name

TOWER 1515 CONDOMINIUM APARTMENTS ASSOCIATION, I
NC.

Principal Place of Business

1515 S. FLAGLER DR.
WEST PALM BCH FL 33401
US

Mailing Address

1515 S. FLAGLER DR.
WEST PALM BCH FL 33401-7140
US

3. Date Incorporated or Qualified
02/04/1972

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number
59-1531578

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOLLENGARDEN, PETER
500 AUSTRIALAN AVE S 9 FLOOR
WEST PALM BCH FL FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

T / Sec ☐ DELETE

NAME PARKS, BERNICE
STREET ADDRESS 1515 S. FLAGLER DR
CITY-ST-ZIP WEST PALM BEACH FL

D ☐ DELETE

NAME CLARKS, DOREEN
STREET ADDRESS 1515 S. FLAGLER DR., #2401
CITY-ST-ZIP W PALM BCH., FL 00000

P ☐ DELETE

NAME MASON, PAUL
STREET ADDRESS 1515 S. FLAGLER DR.
CITY-ST-ZIP WPB FL

V ☐ DELETE

NAME CORDLE, CHARLES
STREET ADDRESS 1515 S. FLAGLER DR.
CITY-ST-ZIP WPB FL

X D ☐ DELETE

NAME LORBER, ELEN
STREET ADDRESS 1515 S. FLAGLER DR.
CITY-ST-ZIP WPB FL

D ☐ DELETE

NAME TERRELL, ELRITA
STREET ADDRESS 1515 S. FLAGLER DR.
CITY-ST-ZIP WPB FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

CR2E037 (9/96)