

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 # **724795** (0)
1. Corporation Name
**LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATIO
N INC**



Principal Place of Business: **301 LAKE SHORE DR. LAKE PARK FL 33403**
Mailing Address: **301 LAKE SHORE DR. LAKE PARK FL 33403**

3. Date Incorporated or Qualified: **11/15/1972**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1441298**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$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: **SEACREST MANAGEMENT INC, 3700 GEORGIA AVENUE, WEST PALM BEACH FL 33405**
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DP	NAME: COLEMAN, HARRY	1.1 TITLE: PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 301 LAKESHORE DR #508	CITY-ST-ZIP: LAKE PARK FL	1.2 NAME: YOUNG, JOHN	
		1.3 STREET ADDRESS: 301 Lakeshore Dr. #802	
		1.4 CITY-ST-ZIP: Lake Park FL. 33403	
TITLE: D	NAME: YOUNG, JOHN	2.1 TITLE: V.P.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 301 LAKESHORE DR #802	CITY-ST-ZIP: LAKE PARK FL	2.2 NAME: BRANNAN, JANICE	
		2.3 STREET ADDRESS: 301 Lakeshore Dr. #707	
		2.4 CITY-ST-ZIP: Lake Park, FL. 33403	
TITLE: DS	NAME: FERRELL, CHRISTOPHER	3.1 TITLE: Sec.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 301 LAKE SHORE DR #410	CITY-ST-ZIP: LAKE PARK FL	3.2 NAME: FISHER, LYNNE	
		3.3 STREET ADDRESS: 301 Lake Shore Dr. #103	
		3.4 CITY-ST-ZIP: Lake Park, FL. 33403	
TITLE: DT	NAME: MONTANYE, R J	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 301 LAKE SHORE DR #406	CITY-ST-ZIP: LAKE PARK FL	4.2 NAME:	
		4.3 STREET ADDRESS:	
		4.4 CITY-ST-ZIP:	
TITLE: DVT	NAME: HARING, EDWARD	5.1 TITLE: Dir.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 301 LAKE SHORE DR #303	CITY-ST-ZIP: LAKE PARK FL	5.2 NAME: Fenton, Isabelle	
		5.3 STREET ADDRESS: 301 Lake Shore Dr #105	
		5.4 CITY-ST-ZIP: Lake Park, FL. 33403	
TITLE: D	NAME: HOWE, HARRY	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 301 LAKESHORE DRIVE, SUITE #503	CITY-ST-ZIP: LAKE PARK FL	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 an attachment with an address.

SIGNATURE: *[Signature]* AS Treas. **2/15/96** (407) 842-8184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **R.J. MONTANYE** Daytime Phone #

CR2E037 (12/95)