

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 724795 (0)

1. Corporation Name
LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATION INC

Principal Place of Business 301 LAKE SHORE DR. LAKE PARK FL 33403	Mailing Address 301 LAKE SHORE DR. LAKE PARK FL 33403-3575
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/15/1972	3a. Date of Last Report 04/11/1996
21	26	4. FEI Number 59-1441298	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JOHN	1.2 NAME	
STREET ADDRESS	301 LAKESHORE DRIVE, #802	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VICE PRESIDENT / O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JOHN	2.2 NAME	FENTON, ISABELLE
STREET ADDRESS	301 LAKESHORE DR #802	2.3 STREET ADDRESS	301 Lake Shore Dr. #105
CITY-ST-ZIP	LAKE PARK FL	2.4 CITY-ST-ZIP	LAKE PARK, FL
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, LYNNE	3.2 NAME	
STREET ADDRESS	301 LAKE SHORE DRIVE, #103	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER / O <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONTANYE, R J	4.2 NAME	WITCHER, THOMAS
STREET ADDRESS	301 LAKE SHORE DR #406	4.3 STREET ADDRESS	301 Lake Shore Dr #611
CITY-ST-ZIP	LAKE PARK FL	4.4 CITY-ST-ZIP	LAKE PARK, FL
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENTON, ISABELLE	5.2 NAME	QUINTERO, JORGE
STREET ADDRESS	301 LAKE SHORE DRIVE, #105	5.3 STREET ADDRESS	301 Lake Shore Dr. #211
CITY-ST-ZIP	LAKE PARK FL	5.4 CITY-ST-ZIP	LAKE PARK, FL
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANYAN, JANICE	6.2 NAME	
STREET ADDRESS	301 LAKE SHORE DRIVE, #707	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	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.

SIGNATURE: Thomas H. Witcher **Thomas H. Witcher, 4/9/97, 561-844-8815**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0039908

CR2E037 (9/96)