

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified
11/15/1972

4. FEI Number
59-1441298

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 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 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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	YOUNG, JOHN	1.2 NAME	DALY, Edward
STREET ADDRESS	301 LAKESHORE DRIVE, #802	1.3 STREET ADDRESS	301 LAKE SHORE DR. # 504
CITY-ST-ZIP	LAKE PARK FL	1.4 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	VPD	2.1 TITLE	VPD
NAME	FENTON, ISABELLE	2.2 NAME	STEIN, DONNA L.
STREET ADDRESS	301 LAKE SHORE DR. #105	2.3 STREET ADDRESS	301 LAKE SHORE DR # 404
CITY-ST-ZIP	LAKE PARK FL	2.4 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	S	3.1 TITLE	S
NAME	FISCHER, LYNNE	3.2 NAME	BRANYAN, JANICE
STREET ADDRESS	301 LAKE SHORE DRIVE, #103	3.3 STREET ADDRESS	301 LAKE SHORE DR. # 707
CITY-ST-ZIP	LAKE PARK FL	3.4 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	TD	4.1 TITLE	TD
NAME	WITCHER, THOMAS	4.2 NAME	WITCHER, THOMAS
STREET ADDRESS	301 LAKE SHORE DR. #611	4.3 STREET ADDRESS	301 LAKE SHORE DR. #611
CITY-ST-ZIP	LAKE PARK FL	4.4 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE	D	5.1 TITLE	P
NAME	QUINTERO, JORGE	5.2 NAME	FENTON, ISABELLE
STREET ADDRESS	301 LAKESHORE DR. #211	5.3 STREET ADDRESS	301 LAKE SHORE DR #105
CITY-ST-ZIP	LAKE PARK FL	5.4 CITY-ST-ZIP	LAKE PARK, FL 33403
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 N. Witcher* **Thomas H. WITCHER** 2/7/98 561 844 8815

CR2E037 (10/97)