

514
2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 09, 2000 8:00 am
Secretary of State

04-12-2000 90005 029 ****61.25

DOCUMENT # 724795

1. Entity Name

LAKE HARBOUR TOWERS SOUTH CONDOMINIUM ASSOCIATIO

Principal Place of Business

301 LAKE SHORE DR.
 LAKE PARK FL 33403

Mailing Address

301 LAKE SHORE DR.
 LAKE PARK FL 33403-3575

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1441298

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SEACREST MANAGEMENT INC
3700 GEORGIA AVENUE
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	DALY, EDWARD	
STREET ADDRESS	301 LAKE SHORE DR., #504	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, DONNA L	
STREET ADDRESS	301 LAKE SHORE DR., #404	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRANYAN, JANICE	
STREET ADDRESS	301 LAKE SHORE DR., #707	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WITCHER, THOMAS	
STREET ADDRESS	301 LAKE SHORE DR. #611	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FENTON, ISABELLE	
STREET ADDRESS	301 LAKE SHORE DRIVE #105	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, Edward	
STREET ADDRESS	301 Lake Shore Dr # 504	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREVOR, Roger	
STREET ADDRESS	301 Lake Shore Dr. # 502	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REITZ, William	
STREET ADDRESS	301 Lake Shore Dr. # 402	
CITY-ST-ZIP	Lake Park, FL, 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLUKE, Wayne	
STREET ADDRESS	301 Lake Shore Dr. # 502	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

THOMAS H. WITCHER THOMAS H. WITCHER 2/6/00 561-844-8815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)