

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 29 PM 7:09

DOCUMENT # **725160 (6)**  
1. Corporation Name  
**ALLINGTON TOWERS CONDOMINIUM NORTH INC**

Principal Place of Business  
1500 S. OCEAN DR.  
HOLLYWOOD FL 33019-2363

Mailing Address  
**ALLINGTON TOWERS NORTH**  
1500 S. OCEAN DR.  
HOLLYWOOD FL 33019-2363  
**4/6 TROPICAL PROPERTY MANAGEMENT**  
8910 MIRAMAR PARKWAY SUITE 300  
MIRAMAR, FL 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/04/1973</b>	3a. Date of Last Report <b>04/27/1994</b>
4. FEI Number <b>59-1459928</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip Country	28. Zip Country
25. Country	29. Country

9. Name and Address of Current Registered Agent <b>ZORN, ROBERT</b> 1500 S. OCEAN DR. HOLLYWOOD FL 33019	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) <b>TROPICAL PROPERTY MANAGEMENT</b> B3 <b>8910 MIRAMAR PARKWAY SUITE 300</b> MIRAMAR, FL 33025 B4 City <b>FL</b> B5 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *J.P. Leggett* 3/23/95  
Signature, typed or printed name of registered agent and title if applicable (P.O. Registered Agent appointment required when renaming) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>ZORN, ROBERT</b> 1500 S. OCEAN DR. HOLLYWOOD FL	11 TITLE <b>PD</b>	<b>LE VALLY, CONCHITA</b> 1500 S. OCEAN DRIVE HOLLYWOOD, FL
TITLE <b>VP</b>	<b>RABINOVITCH, BELLE</b> 1500 S. OCEAN DR. HOLLYWOOD FL	21 TITLE <b>VPD</b>	<b>RABINOVITCH, BELLE</b> 1500 S. OCEAN DRIVE HOLLYWOOD, FL
TITLE <b>SPD</b>	<b>GRAZINO, FRANK</b> 1500 S. OCEAN DR. HOLLYWOOD FL	31 TITLE <b>VPD</b>	<b>YOUNG, MARC</b> 1500 S. OCEAN DRIVE HOLLYWOOD, FL
TITLE <b>D</b>	<b>JAGOBY, AL</b> 1500 S. OCEAN DR. HOLLYWOOD FL	41 TITLE <b>SD</b>	<b>LEISTEN, EILEEN</b> 1500 S. OCEAN DRIVE HOLLYWOOD, FL
TITLE <b>D</b>	<b>SLOANE, MARTY</b> 1500 S. OCEAN DR. HOLLYWOOD FL	51 TITLE	
TITLE		61 TITLE	
TITLE		71 TITLE	
TITLE		81 TITLE	
TITLE		91 TITLE	

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(9)(b), 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 of changed, or on an attachment with an address.

SIGNATURE: *Conchita Le Vally - Pres.* 3/6/95 922 9205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR