

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 # 725160 (6)
1. Corporation Name

ALLINGTON TOWERS CONDOMINIUM NORTH INC



Principal Place of Business: 1500 S. OCEAN DR. HOLLYWOOD FL 33019-2363
Mailing Address: C/O TROPICAL PROPERTY MANAGEMENT 8910 MIRAMAR PARKWAY, SUITE 300 MIRAMAR FL 33025 US

3. Date incorporated or Qualified: 01/04/1973
3a. Date of Last Report: 03/29/1995
4. FEI Number: 59-1459928
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-23)
2a. Mailing Address (24-30)
21. Suite, Apt. #, etc.
22. City & State
23. Zip, Country
24. Zip, Country
25. Zip, Country
26. Suite, Apt. #, etc.
27. City & State
28. Zip, Country
29. Zip, Country
30. Zip, Country

9. Name and Address of Current Registered Agent
TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY
SUITE 300
MIRAMAR FL 33025

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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 functioning) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LE VALLY, CONCHITA	
STREET ADDRESS	1500 S. OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	RABINOVITCH, BELLE	
STREET ADDRESS	1500 S. OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	YOUNG, MARC	
STREET ADDRESS	1500 S. OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LEISTEN, EILEEN	
STREET ADDRESS	1500 S. OCEAN DR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eileen Leisten	
1.3 STREET ADDRESS	1500 SOUTH OCEAN DR # 11E	
1.4 CITY-ST-ZIP	HOLLYWOOD, FLA 33019	
2.1 TITLE	FIRST VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jack Lem	
2.3 STREET ADDRESS	1500 S. OCEAN DR	
2.4 CITY-ST-ZIP	# 10 G HOLLYWOOD FLA	
3.1 TITLE	FIRST VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Colman Rashkow	
3.3 STREET ADDRESS	1500 S. OCEAN DR	
3.4 CITY-ST-ZIP	# 11 A HOLLYWOOD FLA	
4.1 TITLE	MARC YOUNG D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARC YOUNG	
4.3 STREET ADDRESS	1500 SOUTH OCEAN DRIVE	
4.4 CITY-ST-ZIP	# 14 D HOLLYWOOD	
5.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MORTY FLEET	
5.3 STREET ADDRESS	1500 S. OCEAN DR.	
5.4 CITY-ST-ZIP	# 14 J HOLLYWOOD, FLA	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 on an attachment with an address.

SIGNATURE: *Morty Fleet Pres.* DATE: 3/12/96 DAYTIME PHONE: 925 4494

CR2E037 (12/95)