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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

1500 S. OCEAN DR.
HOLLYWOOD FL 33019-2363

C/O TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY, SUITE 300
MIRAMAR FL 33025-4182
US

3. Date Incorporated or Qualified
01/04/1973

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 c/o Summit
Suite, Apt. #, etc.
27 P.O. Box 189013

22 City & State

28 Plantation, FL

24 Zip

25 Country

29 Zip

30 Country

33318

USA

4. FEI Number

59-1459928

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TROPICAL PROPERTY MANAGEMENT
8910 MIRAMAR PARKWAY
SUITE 300
MIRAMAR FL 33025

81 Name
Summit Property Management, Inc.

82 Street Address (P.O. Box Number is Not Acceptable)
4450 W. Sunrise Blvd.

83 Suite C-100

84 City
Plantation

FL

85 Zip Code
33313

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 *Gail H. Sangunett*
Signature, typed or printed name of registered agent and title if applicable

Gail H. Sangunett, V.P.-Administration

2/7/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~SD~~ DELETE
NAME ~~LEISTEN, EILEEN~~
STREET ADDRESS ~~1500 SOUTH OCEAN DRIVE #11E~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

1.1 TITLE Change Addition
1.2 NAME LEENER, MURRAY
1.3 STREET ADDRESS 1500 S. OCEAN DR.
1.4 CITY-ST-ZIP Hollywood, FL

TITLE ~~VPB~~ DELETE
NAME ~~LEWY, JACK~~
STREET ADDRESS ~~1500 S. OCEAN DR.~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

2.1 TITLE Change Addition
2.2 NAME TAYLOR, AND
2.3 STREET ADDRESS 1500 S. OCEAN DR.
2.4 CITY-ST-ZIP Hollywood FL

TITLE ~~VPB~~ DELETE
NAME ~~YOUNG, MARC~~
STREET ADDRESS ~~1500 S. OCEAN DR.~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

3.1 TITLE Change Addition
3.2 NAME PASHKOW, COLMAN
3.3 STREET ADDRESS 1500 S. OCEAN DR. #145
3.4 CITY-ST-ZIP Hollywood, FL 33019

TITLE ~~SD Pres.~~ DELETE
NAME ~~YOUNG, MARC~~
STREET ADDRESS ~~1500 S. OCEAN DR.~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

4.1 TITLE Change Addition
4.2 NAME PD
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ~~PD~~ DELETE
NAME ~~FLEET, MORTY~~
STREET ADDRESS ~~1500 S. OCEAN DRIVE~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

5.1 TITLE Change Addition
5.2 NAME SD BRITTON, NINA
5.3 STREET ADDRESS 1500 S. OCEAN DR.
5.4 CITY-ST-ZIP Hollywood FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 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:

STEWART A. FRAGOLELLI V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-97 (954) 435-4102
Date Daytime Phone # 0000000

CR2E037 (9/96)