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Mar 02, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 725160

1. Corporation Name
ALLINGTON TOWERS CONDOMINIUM NORTH INC

| | |
|--|--|
| Principal Place of Business 1500 S. OCEAN DR. HOLLYWOD FL 33019-2363 | Mailing Address 1500 S. OCEAN DR. HOLLYWOD FL 33019-2363 |
|--|--|



| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 01/04/1973 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-1459928 |
| City & State 23 | City & State 28 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip 24 | Country 25 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

9. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY A ESQ
 BECKER & POLIAKOFF, P.A.
 5201 BLUE LAGOON DRIVE, SUITE #100
 MIAMI FL 33126**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | ECKSTEIN, SEYMOUR | |
| STREET ADDRESS | 1500 S. OCEAN DRIVE, APT. 8F | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | STONEHILL, AL | |
| STREET ADDRESS | 1500 S. OCEAN DR., APT. 10F | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | RASHKOW, COLMAN | |
| STREET ADDRESS | 1500 S. OCEAN DRIVE, APT. 11A | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | YOUNG, MARC | |
| STREET ADDRESS | 1500 S. OCEAN DR., APT. 14D | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | BRITTON, NINA | |
| STREET ADDRESS | 1500 S. OCEAN DRIVE, APT. 8E | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARRISON, HAROLD | |
| STREET ADDRESS | 1500 S. OCEAN DR., APT. 10A | |
| CITY-ST-ZIP | HOLLYWOOD FL 33019 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------------|--|
| 1.1 TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | JOHN BURKE | |
| 1.3 STREET ADDRESS | 1500 S OCEAN DRIVE, APT 15E | |
| 1.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| 2.1 TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | PAT FRIEDMAN | |
| 2.3 STREET ADDRESS | 1500 S OCEAN DRIVE, APT 3E | |
| 2.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| 3.1 TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | CHARLES KURTZ | |
| 3.3 STREET ADDRESS | 1500 S. OCEAN DRIVE, APT 7F | |
| 3.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| 4.1 TITLE | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | MORTON FLEET | |
| 4.3 STREET ADDRESS | 1500 S. OCEAN DRIVE, APT 14J | |
| 4.4 CITY-ST-ZIP | HOLLYWOOD FL 33019 | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 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 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____ Date _____ Daytime Phone # 9549229205

CR2E097 (11/98)