

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90050 004 ****61.25

DOCUMENT # 725160
 1. Entity Name
ALLINGTON TOWERS CONDOMINIUM NORTH INC

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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country **BROWARD** Zip Country

4. FEI Number **59-1459928** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KALLICHE, ANTHONY A ESQ
BECKER & POLIAKOFF, P.A.
5201 BLUE LAGOON DRIVE, SUITE #100
MIAMI FL 33126

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	VP PRESIDENT	<input type="checkbox"/> Delete
NAME	ECKSTEIN, SEYMOUR	
STREET ADDRESS	1500 S. OCEAN DRIVE, APT. 8F	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	STONEHILL, AL	<input type="checkbox"/> Delete
NAME	1500 S. OCEAN DR., APT. 10F	
STREET ADDRESS	HOLLYWOOD FL 33019	
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	KURTZ, CHARLES	
STREET ADDRESS	1500 S. OCEAN DR. APT. 7F	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	YOUNG, MARC	
STREET ADDRESS	1500 S. OCEAN DR., APT. 14D	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	V. PRES	<input type="checkbox"/> Delete
NAME	BRITTON, NINA	
STREET ADDRESS	1500 S. OCEAN DRIVE, APT. 8E	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	HARRISON, HAROLD	
STREET ADDRESS	1500 S. OCEAN DR., APT. 10A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SECRETARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT FRIEDMAN	
STREET ADDRESS	1500 S. OCEAN DRIVE, APT. 3E	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEN WILDER	
STREET ADDRESS	1500 S. OCEAN DRIVE, APT. 15C	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	JOHN BURKE DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BURKE	
STREET ADDRESS	1500 S. OCEAN DRIVE, APT. 15E	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 empowerments.

SIGNATURE: *Harold Harrison*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00 950-944-9405
 Date Daytime Phone #

CR2E037 (9/99)