

# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT


APPROVAL AND FILED

PS 102

04 OCT 27 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

<b>DOCUMENT # 725160</b>			
1. Entity Name ALLINGTON TOWERS CONDOMINIUM NORTH INC			
Principal Place of Business 1500 S. OCEAN DR. HOLLYWOOD, FL 33019-2363		Mailing Address 1500 S. OCEAN DR. HOLLYWOOD, FL 33019-2363	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1459928		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



10192004 REIN-NP CR2E099 (6/04)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAGILL, LISA ESC BECKER & POLIAKOFF, P.A. 311 STIRLING RD. HOLLYWOOD, FL 33312		Name Street Address (P.O. Box Number is Not Acceptable) 300042242019 10/27/04--01040--002 **61.25 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. I am familiar with, and accept the obligations of the registered agent.

SIGNATURE: *Lisa Magill* DATE: 10/25/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$236.25**  
After January 1, 2005, Fee will be \$297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	MARC, YOUNG			NAME	Jerry Delmonico		
STREET ADDRESS	1500 S. OCEAN DR APT 14D			STREET ADDRESS	1500 S. OCEAN DR. APT. 124		
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	AZARKHAIL, MO			NAME	JOSEPH DI MARCO		
STREET ADDRESS	1500 S. OCEAN DR. APT. 15D			STREET ADDRESS	1500 S. OCEAN DR. APT. 5C		
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	BURKE, JOHN			NAME	Vince Gritto		
STREET ADDRESS	1500 S. OCEAN DR. APT. 15F			STREET ADDRESS	1500 S. Ocean Dr. APT. 66		
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	WILDER, LEN			NAME	HAROLD HARRISON		
STREET ADDRESS	1500 S. OCEAN DR. APT 15C			STREET ADDRESS	1500 S. OCEAN DR. APT. 10A		
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	HOLLYWOOD, FL 33019		
TITLE	S	<input type="checkbox"/> Delete		TITLE	OM	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Additor
NAME	CAEN, RUTH			NAME	Ruth Price		
STREET ADDRESS	1500 S. OCEAN DR. APT 3J			STREET ADDRESS	4001 Hillcrest Dr. APT. 110		
CITY-ST-ZIP	HOLLYWOOD, FL 33019			CITY-ST-ZIP	HOLLYWOOD, FL 33021		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Additor
NAME	MILLER, GERALD			NAME			
STREET ADDRESS	1500 S. OCEAN DRIVE APT 7C			STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33019			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)(D), 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 empowered.

SIGNATURE: *John Burke* DATE: 10-22-04 DAYTIME PHONE: 954-921-9205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
JOHN BURKE, PRESIDENT

15 292

# Allington Towers

CONDOMINIUM NORTH, INC.

1500 S. OCEAN DRIVE, HOLLYWOOD, FLORIDA 33019  
PHONE: 922-9205 • FAX: 927-9695

October 22, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Reinstatement Fee

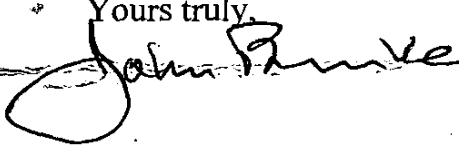
To Whom It May Concern:

This letter is our request for the waiver of the \$236.25 Reinstatement Fee, as we did not receive a "Notice to File" our 2004 Annual Report.

Your kind consideration and cooperation in this request would be greatly appreciated.

Thanking you in advance, I remain,

Yours truly,

  
John, Burke, President  
Board of Directors

JB/rp