
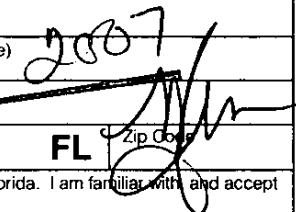


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 725160 1. Entity Name ALLINGTON TOWERS CONDOMINIUM NORTH INC			07 OCT 12 AM 9:04 STATE TALLAHASSEE, FLORIDA
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 - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MAGILL, LISA ESQ BECKER & POLIAKOFF, P.A. 311 STIRLING RD. HOLLYWOOD, FL 33312		Name Street Address (P.O. Box Number is Not Acceptable) City State 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 registered agent.		REINSTATEMENT 2007 	
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: DELMONICO, JERRY STREET ADDRESS: 1500 S. OCEAN DR., #5C CITY-ST-ZIP: HOLLYWOD, FL 330192363	<input checked="" type="checkbox"/> Delete	TITLE: SECTY. NAME: GLASSER, CHARNA STREET ADDRESS: 1500 S. OCEAN DR. # 3A CITY-ST-ZIP: HOLLYWOOD, FL. 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: T NAME: HARRISON, HAROLD STREET ADDRESS: 1500 S. OCEAN DR., #10A CITY-ST-ZIP: HOLLYWOD, FL 330192363	<input type="checkbox"/> Delete	TITLE: D NAME: METZGER, NANCY STREET ADDRESS: 1500 S. OCEAN DR. #10J CITY-ST-ZIP: HOLLYWOOD, FL. 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: DRUCKMAN, RON STREET ADDRESS: 1500 S. OCEAN DR., #5A CITY-ST-ZIP: HOLLYWOD, FL 330192363	<input checked="" type="checkbox"/> Delete	TITLE: D NAME: GREEN, ANNE STREET ADDRESS: 1500 S. OCEAN DR. # 10G CITY-ST-ZIP: HOLLYWOOD, FL. 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: VPS NAME: CAEN, RUTH STREET ADDRESS: 1500 S. OCEAN DR., #3J CITY-ST-ZIP: HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE: D. NAME: RICCA, JUAN STREET ADDRESS: 1500 S. OCEAN DR. #2G CITY-ST-ZIP: HOLLYWOOD, FL. 33019	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: MILLER, GERALD STREET ADDRESS: 1500 S. OCEAN DR., #7C CITY-ST-ZIP: HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	800110744188 10/12/07--01065--013 **\$61.25	
TITLE: PRES. NAME: DIMARCO, JOSEPH STREET ADDRESS: 1500 S. OCEAN DR. # 5C CITY-ST-ZIP: HOLLYWOOD, FL 33019	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date: _____	
Signature and typed or printed name of signing officer or director		Daytime Phone # _____	