

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90189 008 ****61.25

DOCUMENT # 725160

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

90010232



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number **59-1459928**

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 **LISA MAGILL, ESQ**
Street Address (P.O. Box Number is Not Acceptable) **Becker + Poliakoff, PA
3111 STIRLING ROAD**
City **HOLLYWOOD** FL Zip Code **33312**

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.

SIGNATURE **LISA MAGILL** DATE **1/8/03**

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**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP DIRECTOR	<input type="checkbox"/> Delete
NAME	MARC, YOUNG	
STREET ADDRESS	1500 S. OCEAN DR APT 14D	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAROLD, HARRISON	
STREET ADDRESS	1500 S. OCEAN DR APT 10 A	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	P	<input type="checkbox"/> Delete
NAME	BURKE, JOHN	
STREET ADDRESS	1500 S OCEAN DRIVE APT 14F	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVID, CRANKS	
STREET ADDRESS	1500 S. OCEAN DR APT 15E	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	METZGER, NANCY	
STREET ADDRESS	1500 S OCEAN DRIVE APT 10J	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	MILLER, GERALD	
STREET ADDRESS	1500 S. OCEAN DRIVE APT 7C	
CITY-ST-ZIP	HOLLYWOOD FL 33019	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEN WILDER	
STREET ADDRESS	1500 S. OCEAN DR. APT 15C	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTH CAEN	
STREET ADDRESS	1500 S. OCEAN DR. APT 3J	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NO AZARKHAIL	
STREET ADDRESS	1500 S. OCEAN DR. APT 15D	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JERRY DEL MONICO	
STREET ADDRESS	1500 S. OCEAN DR. APT 12H	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOEY MUGICA	
STREET ADDRESS	1500 S. OCEAN DR. APT 18B	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCE GITTO	
STREET ADDRESS	1500 S. OCEAN DR. APT 60	
CITY-ST-ZIP	HOLLYWOOD, FL 33019	

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 all other like empowered.

SIGNATURE: **JOHN BURKE** DATE **01/06/03** TELEPHONE # **954-922-9305**

CR2E037 (10/02)