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Mar 16, 1999 8:00 am
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03-16-1999 90065 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 728621

1. Corporation Name

CLASSIC TOWNE HOUSES CONDOMINIUM WEST, INC.

Principal Place of Business	Mailing Address
4946 SHERIDAN STREET HOLLYWOOD FL 33021	C/O UNITED COMM MGT CORP 3300 UNIV DRIVE #405 CORAL SPRINGS FL 33065 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	01/04/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1577710 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

UNITED COMMUNITY MGT CORP
3300 UNIV DRIVE #405
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE	TD	☐ Change ☐ Addition
NAME	BLUM, SARAH		1.2 NAME	Michael Weiss	
STREET ADDRESS	4956 SHERIDAN ST		1.3 STREET ADDRESS	4712 Sheridan St.	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	Hollywood, Fl. 33021	
TITLE	SD	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	CHARITON, ELLEN		2.2 NAME	Edwin Goldberg	
STREET ADDRESS	4956 SHERIDAN ST		2.3 STREET ADDRESS	4920 Sheridan St.	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.4 CITY-ST-ZIP	Hollywood, Fl. 33021	
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PORTNOY, MARIA		3.2 NAME		
STREET ADDRESS	5112 SHERIDAN ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHAFFER, RUTH		4.2 NAME		
STREET ADDRESS	4956 SHERIDAN ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL 33021		4.4 CITY-ST-ZIP		
TITLE	~~TD~~	☐ DELETE	5.1 TITLE	PD	☐ Change ☐ Addition
NAME	VALENTINE, DONNA		5.2 NAME		
STREET ADDRESS	4944 SHERIDAN ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP		
TITLE	PD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARLENE STORFER		6.2 NAME		
STREET ADDRESS	4914 SHERIDAN ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: [illegible] SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #