

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 24 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 729662 (7)  
1. Corporation Name  
COUNTRY CLUB TOWERS ASSOCIATION, INC.

Principal Place of Business Mailing Address  
2500 NE 48TH LANE 2500 NE 48TH LANE  
FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1974	3a. Date of Last Report 05/01/1994
4. FEI Number 59-1651130	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

POLIAKOFF, GARY A., ESQ.  
3111 STIRLING ROAD  
BOX 9057  
FT. LAUDERDALE FL 33310-6057

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	NAME GRIFFITH, MARTHA	11 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2500 NE 48TH LANE, #410	CITY - ST - ZIP FT. LAUDERDALE FL	12 NAME GRIFFITH MARTHA	
		13 STREET ADDRESS 2500 NE 48 LANE #410	
		14 CITY - ST - ZIP FT LAUD FL 33308	
TITLE D	NAME TAYLOR, PHILIP	21 TITLE S	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2500 NE 48TH LANE #509	CITY - ST - ZIP FT. LAUDERDALE FL	22 NAME TAYLOR PHILIP	
		23 STREET ADDRESS 2500 NE 48 LANE #509	
		24 CITY - ST - ZIP	
TITLE TD	NAME KELLY, RAYMOND	31 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2500 NE 48TH LANE #103	CITY - ST - ZIP FT. LAUDERDALE FL	32 NAME DELETE	
		33 STREET ADDRESS	
		34 CITY - ST - ZIP	
TITLE PD	NAME HARPER, PHYLUSS	41 TITLE PD	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2500 NE 48TH LANE, #204	CITY - ST - ZIP FT LAUDERDALE FL	42 NAME HARPER PHYLUSS	
		43 STREET ADDRESS 2500 NE 48 LANE #204	
		44 CITY - ST - ZIP FT LAUD	
TITLE SD	NAME WALKER, WILLIAM	51 TITLE	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 2500 NE 48TH LANE #508	CITY - ST - ZIP FT. LAUDERDALE FL	52 NAME DELETE	
		53 STREET ADDRESS	
		54 CITY - ST - ZIP	
TITLE TD	NAME TRASK, MICHAEL	61 TITLE TD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 2500 NE 48 LANE #705	CITY - ST - ZIP FT LAUD	62 NAME TRASK MICHAEL	
		63 STREET ADDRESS 2500 NE 48 LANE #705	
		64 CITY - ST - ZIP FT LAUD	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Phyllis Harper PHYLUSS HARPER 3/27/95 771-1042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Official Phone #)