

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: 05/14/1974  
3a. Date of Last Report: 04/24/1995  
4. FEI Number: 59-1651130  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) 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  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GRIFFITH, MARTHA</b>	
STREET ADDRESS	<b>2500 NE 48TH LANE, #410</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, PHILIP</b>	
STREET ADDRESS	<b>2500 NE 48TH LANE #509</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARPER, PHYLISS</b>	
STREET ADDRESS	<b>2500 NE 48TH LANE, #204</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>TRASK, MICHAEL</b>	
STREET ADDRESS	<b>2500 NE 48TH LANE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33308</b>	
TITLE	<b>I</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN \*2

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	<b>2500 NE 48th Lane, #705</b>
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	<b>P/D MULCAHEY, HARRY</b>
53 STREET ADDRESS	<b>2500 NE 48TH LANE, #103</b>
54 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL 33308</b>
61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 119.07(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. **MICHAEL J. TRASK**

SIGNATURE: Michael J. Trask 4/14/96 (754) 771-0936  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)