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Jul 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33308-4776
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3. Date Incorporated or Qualified 05/14/1974	3a. Date of Last Report 04/24/1996
4. FEI Number 59-1651130	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
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 0057
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	VD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITH, MARTHA	
STREET ADDRESS	2500 NE 48TH LANE, #410	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	TAYLOR, PHILIP	
STREET ADDRESS	2500 NE 48TH LANE #509	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MULCHALEY, HARRY	
STREET ADDRESS	255 NE 48TH LANE, #103	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TRASK, MICHAEL	
STREET ADDRESS	2500 NE 48TH LANE #705	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<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 12		
1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRIFFITH, MARTHA	
1.3 STREET ADDRESS	2500 NE 48TH LANE, #410	
1.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HARPER, PHYLLIS	
2.3 STREET ADDRESS	2500 NE 48TH LANE, #204	
2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
3.1 TITLE	T/O	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DASACCO, JOE	
3.3 STREET ADDRESS	2500 NE 48TH LANE, #709	
3.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MULCAHEY, ROSEMARY	
4.3 STREET ADDRESS	2500 NE 48TH LANE, #103	
4.4 CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MORRIS, ROLAND	
5.3 STREET ADDRESS	2500 NE 48TH LANE, #309	
5.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VINCENT, PAUL	
6.3 STREET ADDRESS	2500 NE 48TH LANE, #101	
6.4 CITY-ST-ZIP	FT LAUDERDALE FL 33308	

14. I do 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.

SIGNATURE _____ DATE **7-9-97** **954-771-1813**

CR2E037 (9/96)