


FILE NOW: FILING FEE IS \$61.25

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**Feb 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 05/14/1974	
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	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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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 PD	<input checked="" type="checkbox"/> DELETE
NAME GRIFFITH, MARTHA	
STREET ADDRESS 2500 NE 48TH LANE, #410	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME TAYLOR, PHILIP	
STREET ADDRESS 2500 NE 48TH LANE #509	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME HARPER, PHYLLIS	
STREET ADDRESS 2500 NE 48TH LANE, #204	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME DASACCO, JOE	
STREET ADDRESS 2500 NE 48TH LANE, #709	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MULCAHEY, ROSEMARY	
STREET ADDRESS 2500 NE 48TH LANE, #103	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME MORRIS, ROLAND	
STREET ADDRESS 2500 NE 48TH LANE, #309	
CITY-ST-ZIP FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DOROTHY MIMS	
1.3 STREET ADDRESS 2500 NE 48 LN #803	
1.4 CITY-ST-ZIP Ft Lauderdale FL 33308	
2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME MARGARET CISSEL	
2.3 STREET ADDRESS 2500 NE 48 Lane #607	
2.4 CITY-ST-ZIP FT Lauderdale FL 33308	
3.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Rosemary Mulcahey	
3.3 STREET ADDRESS 2500 NE 48 Lane #103	
3.4 CITY-ST-ZIP FT Lauderdale FL 33308	
4.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Paul Vincent	
4.3 STREET ADDRESS 2500 NE 48 Lane # 101	
4.4 CITY-ST-ZIP FT Lauderdale FL 33308	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Roy Roelke	
5.3 STREET ADDRESS 2500 NE 48 Ln # 301	
5.4 CITY-ST-ZIP FT Lauderdale FL 33308	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Paul Vincent* 2/9/98 305-624-2555

CF2E037 (10/97)