


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90063 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729662**

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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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>05/14/1974</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1651130</b>
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>POLIAKOFF, GARY A. ESQ. 3111 STIRLING ROAD BOX 9057 FT. LAUDERDALE FL 33310-6057</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
85. Zip Code	<b>FL</b>

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	PD MIMS, DOROTHY 2500 NE 48 LN #803 FT. LAUDERDALE FL 33308	1.1 TITLE	PD MARTHA GRIFFITH 2500 NE 48 Lane #410 Ft Lauderdale FL 33308
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD CISSEL, MARGARET 2500 NE 48 LANE #609 FT. LAUDERDALE FL 33308	2.1 TITLE	SD ROBERT TOMASULLO 2500 NE 48 Lane #704 Ft Lauderdale FL 33308
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD VINCENT, PAUL 2500 NE 48 LANE #101 FT LAUDERDALE FL 33308	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D ROECKE, ROY 2500 NE 48 LANE #301 FT. LAUDERDALE FL 33308	4.1 TITLE	VD LAVON Roberts 2500 NE 48 Lane #601 Ft Lauderdale FL 33308
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VD MULCAHEY, ROSEMARY 2500 NE 48TH LANE, #103 FT LAUDERDALE FL 33308	5.1 TITLE	D Rosemary Mulcahey 2500 NE 48 Lane #103 Ft Lauderdale FL 33308
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D MORRIS, ROLAND 2500 NE 48TH LANE, #309 FT LAUDERDALE FL	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *[Signature]* Treasurer 1/14/99 954-771-1042  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/19/91)