

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90009 019 ****61.25

DOCUMENT # 729662

1. Entity Name

COUNTRY CLUB TOWERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2500 NE 48TH LANE
 FT. LAUDERDALE FL 33308

2500 NE 48TH LANE
 FT. LAUDERDALE FL 33308-4776

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1651130

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITH, MARTHA	
STREET ADDRESS	2500 NE 48 LANE #410	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TOMASULLO, ROBERT	
STREET ADDRESS	2500 NE 48 LANE #704	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VINCENT, PAUL	
STREET ADDRESS	2500 NE 48 LANE #101	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	LAVON, ROBERTS	
STREET ADDRESS	2500 NE 48 LANE #601	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MULCAHEY, ROSEMARY	
STREET ADDRESS	2500 NE 48TH LANE, #103	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, ROLAND	
STREET ADDRESS	2500 NE 48TH LANE, #309	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAVON ROBERTS	
STREET ADDRESS	2500 NE 48 LANE # 601	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULCAHEY, ROSEMARY	
STREET ADDRESS	2500 NE 48 LANE # 103	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE EDWARDS	
STREET ADDRESS	2500 NE 48 LANE #501	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul J. Vincent **Paul J. Vincent** 2/1/00 854-938-9826
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Treasurer** Date Daytime Phone #

CR12E037 (9/99)