

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90029 029 ****61.25

DOCUMENT # 729662

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1651130

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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	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	PD	<input checked="" type="checkbox"/> Delete
NAME	LAVON, ROBERTS	
STREET ADDRESS	2500 NE 48 LANE #601	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VP	<input 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	EDWARDS, GEORGE	
STREET ADDRESS	2500 NE 48 LN # 501	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMASULLO, Robert	
STREET ADDRESS	2500 NE 48 LANE # 704	
CITY-ST-ZIP	FT Lauderdale FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFITH, MARTHA	
STREET ADDRESS	2500 NE 48 LANE # 410	
CITY-ST-ZIP	FT Lauderdale FL 33308	
TITLE	D	<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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDINER, Robert	
STREET ADDRESS	2500 NE 48 LANE # 606	
CITY-ST-ZIP	FT Lauderdale FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Treasurer

1/29/01

954-938-7826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)