


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90006 049 \*\*\*\*61.25

**DOCUMENT # 729662**  
 1. Entity Name  
**COUNTRY CLUB TOWERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**2500 NE 48TH LANE**      **2500 NE 48TH LANE**  
**FT. LAUDERDALE FL 33308**      **FT. LAUDERDALE FL 33308**

**J4U14006**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-1651130**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

**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. I am familiar with, and accept the obligations of registered agent.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHISHOLM, EARLE 2500 NE 48 LANE #302 FT. LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUBICHAN, CARYN 2500 NE 48TH LANE, #708 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, ROLAND B 2500 NE 48TH LANE, #309 FT. LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STONE, JOYCE 2500 NE 48 LANE #203 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARDS, GEORGE 2500 NE 48 LANE #501 FORT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COMBS, JOHN 2500 NE 48TH LANE, #703 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTHA GRIFFITH 2500 NE 48 LANE #410 FT Lauderdale FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL MICHA 2500 NE 48 LANE #408 FT Lauderdale FL 33308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Martha Griffith*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2-13-04**      Daytime Phone #: **954-771-7641**

2.5

Attachment

CONTINUATION SHEET Document # 729662 540/2002

11-

TITLE D

Addition

Name Paul J. Vincent

St. Address 2500 NE 48<sup>th</sup> Lane #101

City-St-Zip Ft. Lauderdale Fl. 33308

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