FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 JAN 31 AM 10:13

DOCUMENT # 744739 (4)

1. Corporation Name

CONDOMINIUM ASSOCIATION OF DRAKE TOWER, INC.

Principal Place of Business	Mailing Address
1800 N. ANDREWS AVE. FT. LAUDERDALE FL 33311	1800 N. ANDREWS AVE. FT. LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/30/1978
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-1875030 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GASSER, JAMES P.
1800 N. ANDREWS AVENUE, #1L
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE J. P. Gasser J. P. GASSER 1/25/95
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	GOTTLIEB, GRACE	1.2 NAME		
STREET ADDRESS	1800 N ANDREWS AVE #11-K	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	KEEHN, BARBARA	2.2 NAME		
STREET ADDRESS	1800 N ANDREWS AVE, #10-L	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	BREEDLOVE, RALPH	3.2 NAME		
STREET ADDRESS	921 SW 19TH STREET	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	MAINA, LINDA	4.2 NAME		
STREET ADDRESS	1800 N ANDREWS AVE, #10H	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	TP	☒ Change ☐ Addition
NAME	QUADT, IRENE	5.2 NAME		
STREET ADDRESS	1800 N ANDREWS AVE, 11-A	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Grace Gottlieb PD Grace Gottlieb 1/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(305) 763-1205
Daytime Phone #

0048903