SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90115 030 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

* 585601 - 90001 - 5 *

DOCUMENT # **744739**

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

1. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
	26	10/30/1978
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-1875030 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
	28	
Zip Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARTIN, PERRY
1800 N. ANDREWS AVE. OFFICE
FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

1. 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)

2. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
AME	BECKER, ROBERT		1.2 NAME		
TREET ADDRESS	1800 N. ANDREWS AVE. #2J		1.3 STREET ADDRESS		
ITY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CITY-ST-ZIP		
ITLE	VPD	☑ DELETE	2.1 TITLE	Treasurer	☑ Change ☑ Addition
AME	GOTTLIEB, GRACE		2.2 NAME	Allen Hallacker	
TREET ADDRESS	1800 N. ANDREWS AVE. #11K		2.3 STREET ADDRESS	1800 N. Andrews Ave # 8C	
ITY-ST-ZIP	FT. LAUDERDALE FL 33311		2. 4 CITY-ST-ZIP	Ftlauderdale, Fl 33311	
ITLE	SD	☑ DELETE	3.1 TITLE	Director	☑ Change ☑ Addition
AME	KEEHN, BARBARA		3.2 NAME	Al Wheeler	
TREET ADDRESS	1800 N. ANDREWS AVE. #10L		3.3 STREET ADDRESS	1800 N. Andrews Ave # 8F	
ITY-ST-ZIP	FT. LAUDERDALE FL 33311		3.4. CITY-ST-ZIP	Ftlauderdale, Fl 33311	
ITLE	TD	☐ DELETE	4.1 TITLE	Secretary	☑ Change ☐ Addition
AME	JONES, NANCY		4. 2 NAME		
TREET ADDRESS	1800 N. ANDREWS AVE. #8D		4.3 STREET ADDRESS		
ITY-ST-ZIP	FT. LAUDERDALE FL 33311		4.4 CITY-ST-ZIP		
ITLE	D	☐ DELETE	5.1 TITLE	Vice President	☑ Change ☐ Addition
AME	QUADT, IRENE		5.2 NAME		
TREET ADDRESS	1800 N. ANDREWS AVE. #11A		5.3 STREET ADDRESS		
ITY-ST-ZIP	FT. LAUDERDALE FL 33311		5.4 CITY-ST-ZIP		
ITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
AME			6.2 NAME		
TREET ADDRESS			6.3 STREET ADDRESS		
ITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (5/99)

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 REQUIRED Robert J Becker 954 763 1205
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #