


FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morsham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **744793** (1)
1. Corporation Name
INLAND TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1860 FOREST HILL BLVD., #105 WEST PALM BEACH FL 33406	Mailing Address 7020 HALF MOON CIRCLE #302 HYPOLUXO FL 33462-5434 US
---	--

3. Date Incorporated or Qualified 11/02/1978	3a. Date of Last Report 04/01/1996
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 7020 HALF MOON CIRCLE Suite, Apt. #, etc. 22 #302 City & State 23 Hypoluxo, FL Zip 24 33462	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
--	---

9. Name and Address of Current Registered Agent YOUNG, RONALD E 1860 FOREST HILL BLVD., #105 WEST PALM BEACH FL 33406	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
---	--

11. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	DKaradavis, Costes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YOUNG, RONALD E.	1.2 NAME	
STREET ADDRESS	7020 HALF MOON CIRCLE #302	1.3 STREET ADDRESS	815 W PALM ST
CITY-ST-ZIP	HYPOLUXO FL	1.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, DANIEL	2.2 NAME	
STREET ADDRESS	422 MINNESOTA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERNST, PIA	3.2 NAME	
STREET ADDRESS	69 HIGH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	THOMASTON ME	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DKaradavis Costes	4.2 NAME	
STREET ADDRESS	815 W PALM	4.3 STREET ADDRESS	
CITY-ST-ZIP	Lantana, FL 33462	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:  **3/14/97** **588-0081**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043669

CR2E037 (9/96)