

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 745207 (1)

1. Corporation Name

PARKER TOWER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3140 SOUTH OCEAN DRIVE
HALLANDALE FL 33009

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HALLANDALE FL 33009

3. Date Incorporated or Qualified

12/12/1978

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1920067

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing

\$5.00 May Be Added to Fees

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL L HYMAN, ESQ
44 W. FLAGLER ST.
MIAMI FL 33130

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

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	P	<input type="checkbox"/> DELETE
NAME	CALMER, CURT	
STREET ADDRESS	3140 S OCEAN DR., #2211	
CITY - ST - ZIP	HALLANDALE, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KITNER, MURRAY	
STREET ADDRESS	3140 S OCEAN DR., #1204	
CITY - ST - ZIP	HALLANDALE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MONTRONY, JOSEPH	
STREET ADDRESS	3140 S OCEAN DR., #2206	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARON, SELMA	
STREET ADDRESS	31409 S OCEAN DRIVE, #404	
CITY - ST - ZIP	HALLANDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SWARTZ, RENEE	
STREET ADDRESS	3140 S OCEAN DRIVE, #312	
CITY - ST - ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WARREN, ISRAEL	
STREET ADDRESS	3140 S OCEAN DRIVE, #2012	
CITY - ST - ZIP	HALLANDALE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Curt Calmer

Jan 18 1996 454-4366

CR2E037 (12/95)