

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 02 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745207 (1)**  
 1. Corporation Name  
**PARKER TOWER CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business		Mailing Address	
3140 SOUTH OCEAN DRIVE HALLANDALE FL 33009		3140 SOUTH OCEAN DRIVE HALLANDALE FL 33009	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	12/12/1978	59-1920067
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
23. City & State	28. City & State	<input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Not Applicable
24. Zip	25. Country	29. Zip	30. Country
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FEIN, STEVEN 4700-B SHERIDAN ST. HOLLYWOOD FL 33021		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	85. Zip Code
			FL

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	P CALMER, CURT 3140 S OCEAN DR., #2211 HALLANDALE, FL 00000	1.1 TITLE	P Swartz, Renee 3140 S Ocean Dr #312 Hallandale Fl 33009
NAME	VP KITNER, MURRAY 3140 S OCEAN DR., #1204 HALLANDALE, FL 00000	1.2 NAME	VP Kitner Murray 3140 S Oean Dr #1204 Hallandale Fl 33009
STREET ADDRESS	T MONTRONY, JOSEPH 3140 S OCEAN DR., #2206 HALLANDALE FL	1.3 STREET ADDRESS	T Montrony Joseph 3140 S Ocean Dr #2206 Hallandale Fl 33009
CITY-ST-ZIP	S BARON, SELMA 31409 S OCEAN DRIVE, #404 HALLANDALE, FL 00000	1.4 CITY-ST-ZIP	S Baron Selma 3140 S Ocean Dr #404 Hallandale Fl 33009
TITLE	D SWARTZ, RENEE 3140 S OCEAN DRIVE, #312 HALLANDALE FL	2.1 TITLE	D Calmer Curt 3140 S Ocean Dr #2211 Hallandale Fl 33009
NAME	D WARREN, ISRAEL 3140 S OCEAN DRIVE, #2012 HALLANDALE FL	2.2 NAME	D Sierra Jose 3140 S Ocean Dr #909 Hallandale Fl 33009
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	

1.1 TITLE	<input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(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: *[Signature]* 1-13-98 954-44-4366

CR2E037 (10/97)