


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 19, 1999 8:00 am**  
**Secretary of State**

02-19-1999 90011 039 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 745207**  
 1. Corporation Name  
**PARKER TOWER CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business 3140 SOUTH OCEAN DRIVE HALLANDALE FL 33009	Mailing Address 3140 SOUTH OCEAN DRIVE HALLANDALE FL 33009
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/12/1978	4. FEI Number 59-1920067	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		

9. Name and Address of Current Registered Agent

**FEIN, STEVEN**  
**4700-B SHERIDAN ST.**  
**HOLLYWOOD FL 33021**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CALMER, CURT	
STREET ADDRESS	3140 S OCEAN DR., #2211	
CITY-ST-ZIP	HALLANDALE, FL 00000 33009	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KITNER, MURRAY	
STREET ADDRESS	3140 S OCEAN DR., #1204	
CITY-ST-ZIP	HALLANDALE, FL 00000 33009	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MONTRONY, JOSEPH	
STREET ADDRESS	3140 S OCEAN DR., #2206	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BARON, SELMA	
STREET ADDRESS	31409 S OCEAN DRIVE, #404	
CITY-ST-ZIP	HALLANDALE, FL 00000 33009	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, RENEE	
STREET ADDRESS	3140 S OCEAN DRIVE, #312	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SIERRA, JOSE	
STREET ADDRESS	3140 S. OCEAN DRIVE, #909	
CITY-ST-ZIP	HALLANDALE FL 33009	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kitner, Murray	
1.3 STREET ADDRESS	3140 S. Ocean Dr. #1204	
1.4 CITY-ST-ZIP	Hallandale, Fl 33009	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Calmer, Curt	
2.3 STREET ADDRESS	3140 S. Ocean Dr. #2211	
2.4 CITY-ST-ZIP	Hallandale Fl 33009	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Levis, Morris	
3.3 STREET ADDRESS	3140 S. Ocean Dr. #1212	
3.4 CITY-ST-ZIP	Hallandale, Fl 33009	
4.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Baron, Selma	
4.3 STREET ADDRESS	3140 S. Ocean Dr #404	
4.4 CITY-ST-ZIP	Hallandale, Fl 33009	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sierra, Jose	
5.3 STREET ADDRESS	3140 S. Ocean Dr. #909	
5.4 CITY-ST-ZIP	Hallandale, Fl. 33009	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Malkin, Al	
6.3 STREET ADDRESS	3140 S. Ocean Dr. #2412	
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 617.0502 of the Florida Statutes. I hereby 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 \_\_\_\_\_ 1/6/99 954-454-4366  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)