

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 # **748358** (9)
1. Corporation Name
R. H. TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1233 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441**
Mailing Address: **1233 E HILLSBORO BLVD. DEERFIELD BEACH FL 33441**

3. Date Incorporated or Qualified: **08/03/1979**
3a. Date of Last Report: **04/12/1995**
4. FEI Number: **59-1928306**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: **CAMPBELL, BRUCE 1233 E HILLSBORO BLVD. DEERFIELD BEACH FL**
10. Name and Address of New Registered Agent (81) Name (82) Street Address (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

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SCALZO, DON	
STREET ADDRESS	400 N FEDERAL HWY #407	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FOTION, ANNE	
STREET ADDRESS	390 N. FEDERAL #103	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, JAMES	
STREET ADDRESS	400 N. FEDERAL HWY. #112	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COSTALDI, DON	
STREET ADDRESS	390 N. FEDERAL HWY #106	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RALPH, BILL	
STREET ADDRESS	400 N. FEDERAL HWY#611	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FLATLEY, TOM	
1.3 STREET ADDRESS	410 N. FEDERAL HWY #419	
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FROST, BOB	
2.3 STREET ADDRESS	390 N. FEDERAL HWY #303	
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REED, RAY	
3.3 STREET ADDRESS	410 N. FEDERAL HWY #619	
3.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GLAZER, SUE	
4.3 STREET ADDRESS	390 N. FEDERAL HWY #603	
4.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
5.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FOLKERSON, HENRY	
5.3 STREET ADDRESS	390 N. FEDERAL HWY #402	
5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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 do 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.

SIGNATURE: *Thomas J. Flatley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)

Handwritten signature and date: 3/27/96