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Apr 20, 1999 8:00 am
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04-20-1999 90038 042 ****61.25

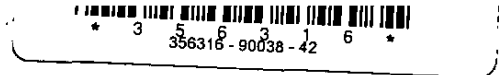
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748358

1. Corporation Name
R. H. TOWERS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441	Mailing Address 1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/03/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1928306
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		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

CAMPBELL PROPERTY MGMT.
 1215 E. HILLSBORO BLVD
 DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	D	<input checked="" type="checkbox"/> DELETE
NAME	HAVERKAMP, HARRY	
STREET ADDRESS	401 N. FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, LARRY	
STREET ADDRESS	401 N FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIAM, RALPH	
STREET ADDRESS	400 N. FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WINTERS, ALICE	
STREET ADDRESS	401 N FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REED, RAY	
STREET ADDRESS	401 N FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
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 checked="" type="checkbox"/> Addition
1.2 NAME	DON SCALZO	
1.3 STREET ADDRESS	401 N FEDERAL HWY	
1.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD G OWENS	
2.3 STREET ADDRESS	401 N FEDERAL HWY	
2.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JEAN PIERRE LATINAUD	
5.3 STREET ADDRESS	401 N FEDERAL HIGHWAY	
5.4 CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Don Scalzo **SIGNATURE REQUIRED** F-9-99 F27-1A/B

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)