

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748358

1. Entity Name

R. H. TOWERS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90005 036 ****61.25

Principal Place of Business 1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441	Mailing Address 1215 E. HILLSBORO BLVD DEERFIELD BEACH FL 33441-4203
---	--

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1928306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCALZO, DON	
STREET ADDRESS	401 N. FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VP	<input type="checkbox"/> Delete
NAME	OWENS, RICHARD G	
STREET ADDRESS	401 N FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WILLIAM, RALPH	
STREET ADDRESS	400 N. FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WINTERS, ALICE	
STREET ADDRESS	401 N FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	RATINAUD, JEAN PIERCE	
STREET ADDRESS	401 N FEDERAL HIGHWAY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALTAGIRONE, BOBBI	
STREET ADDRESS	400 N FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLAZER, SUSAN	
STREET ADDRESS	400 N FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Justin	
STREET ADDRESS	400 N. Federal Hwy. #511	
CITY-ST-ZIP	Deerfield Beach FL 33441	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *Justin President* **3/30/2000** **954-427-5713**

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

CR2E037 (9/99)