

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90659 017 ****61.26

DOCUMENT # 748358

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1928306

Applied For

Not Applicable

5. Certificate of Status Desired

\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCALZO, DON	
STREET ADDRESS	401 N. FEDERAL HWY	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROAT, LEATRICE	
STREET ADDRESS	400 N. FEDERAL HWY #408	
CITY-ST-ZIP	DEERFIELD BCH FL 33441	
TITLE	TD	<input type="checkbox"/> Delete
NAME	UNGER, BERTRAM	
STREET ADDRESS	390 N. FEDERAL HWY #305	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OWENS, RICHARD	
STREET ADDRESS	400 N. FEDERAL HWY #510	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAINOL, ALBERT	
STREET ADDRESS	390 N. FEDERAL HWY #307	
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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Don L. Scalzo

4/7/04