FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:12

DOCUMENT # N02572 (8)

1. Corporation Name

CORAL SPRINGS TOWER CLUB II CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7932 WILES RD CORAL SPRINGS FL 33067 US	7932 WILES ROAD CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-2440715 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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

SEIER, LYDIA
6936 N. W. 6TH CT
MARGATE FL 33063

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	V	☐ Change X Addition
NAME	SEIER, LYDIA S	1.2 NAME	Geri Greenberg	
STREET ADDRESS	6936 NW 6TH COURT	1.3 STREET ADDRESS	5417 N. W. 83td Way	
CITY-ST-ZIP	MARGATE FL	1.4 CITY-ST-ZIP	Coral Springs, FL 33076	
TITLE	D	2.1 TITLE	V/D	X Change ☐ Addition
NAME	FLETT, EARLE	2.2 NAME	Rick Goodis	
STREET ADDRESS	3081 HOLIDAY SPRINGS BLVD. DELETE	2.3 STREET ADDRESS	20423 State Road 7	
CITY-ST-ZIP	MARGATE FL	2.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	S	3.1 TITLE	S/D	X Change ☐ Addition
NAME	GREENBERG, ANGIE	3.2 NAME	Martin Hoffer	
STREET ADDRESS	5417 NW 83RD WAY	3.3 STREET ADDRESS	2701 Riverside Drive #B304	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Coral Springs, FL	
TITLE	D	4.1 TITLE	T/D	☐ Change X Addition
NAME	GOODIS, RICK	4.2 NAME	Nancy Holden	
STREET ADDRESS	20423 STATE RD 7	4.3 STREET ADDRESS	2259 N. W. 65th Ave.	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	Margate, Fl 33063	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HOFFER, MARTIN	5.2 NAME		
STREET ADDRESS	2701 RIVERSIDE DR #B304	5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL ERICKA N. DELETE	6.2 NAME		
STREET ADDRESS	2771 RIVERSIDE DR. #A315	6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL	6.4 CITY-ST-ZIP		

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)(i), 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.

SIGNATURE: Lydia S. Seier 3-3-95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0006418