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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 # 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

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 03/08/1995
4. FEI Number: 59-2440715
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent

KAYE & ROGER, P.A. 1500 W. CYPRESS CREEK RD. SUITE 207 FT. LAUDERDALE FL 33309

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 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

Signature (typed or printed name of registered agent and date of signature)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS
11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP
1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12
11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY-ST-ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY-ST-ZIP
31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY-ST-ZIP
41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY-ST-ZIP
51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY-ST-ZIP
61. TITLE
62. NAME
63. STREET ADDRESS
64. 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)(k), 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: [Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-96
Date

3-18
20
Display Phone #

CR2E037 (12/95)