

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02572 (8)
 1. Corporation Name
CORAL SPRINGS TOWER CLUB II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 7932 WILES RD CORAL SPRINGS FL 33067 US	Mailing Address 7932 WILES ROAD CORAL SPRINGS FL 33067
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3. Date Incorporated or Qualified 04/16/1984
4. FEI Number 59-2440715
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent

**KAYE & ROGER, P.A.
 6261 N.W. 6TH WAY., #103
 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEIER-SWIEZY, LYDIA	1.2 NAME	Geraldine Greenberg
STREET ADDRESS	8800 N.W. 30TH ST., #44	1.3 STREET ADDRESS	3801 Environ Blvd. #319
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	Lauderhill, FL 33319
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREENBERG, GERALDINE	2.2 NAME	Rick Goodis
STREET ADDRESS	3801 ENVIRON BLVD., #319	2.3 STREET ADDRESS	20423 State Rd. #7 #6131
CITY-ST-ZIP	LAUDERHILL FL	2.4 CITY-ST-ZIP	Boca Raton, FL 33498
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFER, MARTIN	3.2 NAME	Jeffrey Greenberg
STREET ADDRESS	2701 RIVERSIDE DRIVE., #B-304	3.3 STREET ADDRESS	5417 N. W. 83rd Way
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEN, NANCY	4.2 NAME	Lydia Seier-Swiezy
STREET ADDRESS	2259 N.W. 65TH AVE.	4.3 STREET ADDRESS	8800 N. W. 30th St. #44
CITY-ST-ZIP	MARGATE FL	4.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFER, MARTIN	5.2 NAME	Walter Broadbent
STREET ADDRESS	2701 RIVERSIDE DR #B304	5.3 STREET ADDRESS	2701 Riverside Drive
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTLEY, LYNN	6.2 NAME	
STREET ADDRESS	4040 GALT OCEAN DRIVE., #318	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	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)(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 Seier-Swiezy* **4-20-98** **954-344-5353**

CR2E037 (10/97)