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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N02572

## CORAL SPRINGS TOWER CLUB II CONDOMINIUM ASSOCIAT ION, INC.

Principal Place of Busines	•
7932 WILES RD CORAL SPRINGS FL 33067 US	

Mailing Address

7932 WILES ROAD CORAL SPRINGS FL 33067

434032 - 30150 - 27

**FILED** 

03-01-1999 90120 027 \*\*\*\*61.25

Mar 01, 1999 8:00 am § Secretary of State

3. Date Incorporated or Qualifed 2a. Mailing Address 2. Principal Place of Business 04/16/1984 26 21 4. FEI Number Applied For Suite, Apt. #, etc. Suite, Apt. #, etc. 59-2440715 Not Applicable 27 22 \$8.75 Additional City & State City & State 5. Certificate of Status Desired Fee Required 28 23 Country \$5.00 May Be Country Zip 6. Election Campaign Financing Zip Added to Fees 30 Trust Fund Contribution 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

KAYE & ROGER, P.A.
6261 N.W. 6TH WAY., #103
SUITE 207
FT. LAUDERDALE FL 33309

207	83		· · · · · · · · · · · · · · · · · · ·		
UDERDALE FL 33309	84	1	City	85	Zip Code
uant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the al	bov	e-n	named corporation submits this statement for the purpose of cl	angi	ng its registered

Street Address (P.O. Box Number is Not Acceptable)

1	1. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this sta	tement 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
	office of registered agent, or both, in the State of Florida. Such of 70000 Was authorized by the corporation of the state	, more of the contract of the
	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 title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	D	Change	Addition		
NAME	GREENBERG, GERALDINE		1.2 NAME	Harold Bockhold	•			
STREET ADDRESS	3801 ENVIRON BLVD, #319	4	1.3 STREET ADORESS	P. O. Box 9316				
CITY-ST-ZIP	LAUDERHILL FL 33319		1.4 CITY-ST-ZIP	Coral Springs, FL		· <u>·</u>		
TITLE	V	☐ DELETE	2.1 TITLE		Change	☐ Addition		
NAME	GOODIS, RICK		2.2 NAME					
STREET ADDRESS	20423 STATE RD, #7 #6131		2.3 STREET ADDRESS	,				
CITY-ST-ZIP	BOCA RATON FL 33498		2, 4 CITY- ST- ZIP					
TITLE	SD	☐ DELETE	3.1 TITLE	$\mathbf{T}$	Change	☐ Addition		
NAME	GREENBERG, JEFFREY		3.2 NAME	Jeffrey Greenberg	•			
STREET ADDRESS	5417 NW 83RD WAY		3.3 STREET ADDRESS	5417 N. W. 83rd Wa	ay			
CITY-ST-ZIP	CORAL SPRINGS FL 33065		3.4. CITY-ST-ZIP	Coral Springs, FL	33065			
TITLE	D	□ DELETE	4.1 TITLE		☐ Change	☐ Addition		
NAME	SEIER-SWIEZY, LYDIA		4, 2 NAME		•			
STREET ADDRESS	8800 NW 30TH ST, #44		4.3 STREET ADORESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP			- A Later		
TITLE	D	☐ DELETE	5.1 TITLE		Change	Addition		
NAME	BROADBENT, WALTER		5.2 NAME	•	•			
STREET ADDRESS	2701 RIVERSIDE DR		5.3 STREET ADDRESS					
CITY-ST-ZIP	CORAL SPRINGS FL 33065		5.4 CITY-ST-ZIP			- A 44'44		
TITLE	D	☐ DELETE	6.1 TITLE		Change	- Addition		
NAME	HARTLEY, LYNN		6.2 NAME					
STREET ADDRESS	4040 GALT OCEAN DRIVE., #318		6.3 STREET ADDRESS	· ·				
CITY OT 74D	ET I ALIDERDALE EL		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 the attachment with an address, with all other like empowered.

SIGNATURE: