

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 # **N04579** (1)

1. Corporation Name

LAUDERDALE CITY CENTER TOWNHOMES 1 CONDOMINIUM, INC.



Principal Place of Business

Mailing Address

101 N.E. 8TH AVE.
FT. LAUDERDALE FL 33301

101 N.E. 8TH AVE.
FT. LAUDERDALE FL 33301

3. Date Incorporated or Qualified **08/07/1984** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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4. FEI Number **59-2442132** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEILER, JOHN P
2900 E. OAKLAND PARK BLVD.
SUITE 200
FT. LAUDERDALE FL 33306**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TOOTH, LOUIS C.	
STREET ADDRESS	101 NE 8TH AVE #3	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PALMER, ANITA	
STREET ADDRESS	101 N.E. 8TH AVE., #4	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, LISA	
STREET ADDRESS	101 N.E. 8TH AVE., #2	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	33301	
2.1 TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAUL S. KRISTIAN	
2.3 STREET ADDRESS	101 N.E. 8TH #1	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LORI YUKSANOVICH	
3.3 STREET ADDRESS	101 NE 8TH AVE #2	
3.4 CITY-ST-ZIP	FT LAUDERDALE FL 33301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

Louis C. Toth **LOUIS C. TOOTH PRESIDENT**

1/24/96

(954)

205 524 2909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)