## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

N05471 (0)

ENVIRON TOWERS II CONDOMINIUM ASSOCIATION, INC.

| Dringing Diag   | of Divinoso   | Mailing Address                | ·             |   |   |                          |   |
|---|---|--------------------------------|---------------|---|---|--------------------------|---|
| Principal Place of Business Mailing Address 7300 RADICE COURT 7300 RADICE COURT |   |                                |               |   |   |                          |   |
| LAUDERHILL  |   | LAUDERHILL FL 33319            |               |   |   |                          |   |
|   |   |                                |               |   | <ol> <li>Date Incorporated or Qualified<br/>10/04/1984</li> </ol>                       | 3a. Date of Last 01/30/1 | Report<br><b>995</b>                    |
| 2. Principal P  | ace of Business   | 2a. Mailing Address            |               |   | 4. FEI Number<br>59-2506971   | +                        | Applied For                             |
| 21  |   | 26                             |               | Troc y application                                      |   |                          |   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.<br>27      |               | 5. Certificate of Status Desired                        | Fee Hequired  |                          |   |
| City & State  |   | City & State                   |               | Election Campaign Financing     Trust Fund Contribution | 1 1   | O May Be<br>d to Fees    |   |
| Zip   | Country   | Zip                            | Coun          | ry  | 8. This corporation has liability for in  |                          | 199.032,                                |
| 24  | 25  | 29                             | 30            |   |   | Yes No                   |   |
|   | 9. Name and Address of Curre  | ent Registered Agent           |               |   | 10. Name and Address of New Re  | gistered Agent           |   |
|   |   |                                |               | 11 Name   |   |                          |   |
| SCHATZMAN, HAROLD H.  |   |                                |               | Street Add  | ress (P.O. Box Number is Not Acceptable   | 9)                       |   |
|   | ADICE CT.   |                                |               |   |   |                          |   |
| LAUDER  | HILL FL 33319   |                                | 1             | B3  |   |                          |   |
|   |   |                                |               | 4 City  |   | 85 Z                     | p Code                                  |
|   |   |                                |               |   |   | FL                       | anishered office                        |
| or registe  | to the provisions of Sections 617.05t<br>ired agent, or both, in the State of Flo<br>ith, and accept the obligations of, Se | orida. Such change was authori | zed by the co | rporation's boa   | ration submits this statement for the purp<br>and of directors. Thereby accept the appo | intment as registered    | d agent. I am                           |
| SIGNATURE   | Signature, typed or printed name of registorio age  | ect and the diapproatre (N     |               | gent signature require                                  |   | DA*F                     |   |
| 12.   |   | ND DIRECTORS                   | 13.           |   | ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12                                       |                          |   |
| TITLE   | PD DELETE   |                                | 1 1 TIT       |   |   | Change                   | [] Addition                             |
| NAME  | SCHATZMAN, HAROLD H.  |                                | 1.2 NAME      |   |   |                          |   |
| STREET ADDRESS  | 7300 RADICE COURT   |                                | . 1351        | EET ADORESS   |   |                          |   |
| CITY - ST - ZIP   | LAUDERHILL FL   |                                |               | i - ST - ZIP  |   | Change                   | [ ] Addition                            |
| TITLE   | VD CTOFF LADDY  |                                |               |   |   | ET Magnituri             |   |
| MAME  | STOFF, LARRY  |                                | 22 NA         |   |   |                          |   |
| STREET ADDRESS  | 7400 RADICE CT<br>LAUDERHILL FL   |                                |               | EET ADDRESS   |   |                          |   |
| CITY - ST - ZIP   | TD  |                                |               | 2 4 Ci Y - ST-ZIP Change A Ci Ar                        |   | [ ] Addition             |   |
| THTLE   | WEITZ, WILLIAM  |                                |               | i   |   | Onlings                  | [],,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| NAME  | 7400 RADICE COURT   |                                | 32 NA         |   |   |                          |   |
| STREET ADDRESS  | LAUDERHILL FL   |                                |               | EET ADDRESS   |   |                          |   |
| CITY-ST-ZIP   | S DELETE  |                                | 41 111        | Y-ST-ZIP  |   | Change                   | [ ] Addition                            |
| TITLE   | JACOBUS, DORIS G.   |                                | 4 2 N         |   |   | <b></b>                  |   |
| NAME  | 7300 RADICE COURT   |                                |               | MEET ADDRESS  |   |                          |   |
| STREET ADDRESS  | LAUDERHILL FL   |                                |               | Y-ST-ZIP  |   |                          |   |
| CITY-ST-ZIP<br>TITLE  |   |                                | 5 1 Til       |   |   | Change                   | Addition                                |
|   |   |                                | 5 2 NA        |   |   |                          |   |
| NAME<br>STOCET ADDRESS  |   |                                |               | HEET ADDRESS  |   |                          |   |
| STREET ADDRESS  | .]  |                                |               | i i   |   |                          |   |
| CITY-ST-ZIP   | <u> </u>  | DELETE                         | 54 Ci         | r - ST - ZIP  |   | Change                   | Addition                                |
|   |   |                                |               |   |   |                          |   |

CITY-ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and occur 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 mide 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.

62 NAME

6.3 ST-EET ADDRESS

6 4 CI Y - ST - ZIP

SIGNATURE:

NAME

STREET ADDRESS

FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAROLO H. SC. H

954 733 0285

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