NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name 739314

(3)

2500 SOUTH OCEAN BOULEVARD CONDOMINIUM ASSOCIATI ON, INC.

Principal Place	of Business	Maili	Mailing Address				n hoden noodd ning randa hindi hia'n Eidh Brah andn didh alan alan alan alan aran andn
2500 SOUTH	OCEAN BOULEVARD	25	2500 SOUTH OCEAN BOULEVARD				
PALM BEACH FL 33480			PALM BEACH FL 33480				
							3. Date Incorporated or Qualified 3a. Date of Last Report 05/11/1995
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For
21			26				59-1785565 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired Secured Secured Secured Secured
22			27				Fee Required
City & State			City & State				6. Election Campaign Financing \$5.00 May Be
23 Zin			28				Added to Fees
Zip 24	Country 25	29	Zip Co		untry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	9. Name and Address of Current Registered Agent		1301	10. Name and Address of New Registered Agent			
o, trains and relations of cartering agency					81	Name	
DECVED DOLLANDER & CTEREELD					82		
BECKER, POLIAKOFF & STEITFELD 450 AUSTRALIAN AVE NORTH STE 720						Street	et Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33401-5034		20			83		
WEST F	ALM DEACH FE 33401-3034						
					84	City	FL 85 Zip Code
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.	1508, Florida Statute	s. the ab	Ove-n	amed co	corporation submits this statement for the purpose of changing its registered office
or register	ed agent, or both, in the State of Fk h, and accept the obligations of, Se	orida. Such d	hange was authorize	ed by the	corpo	ration's	s board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE	in, and doopt the obligations of oc	011011017.00	oo, i ionda otatotos.				
SIGNATURE _	Signature, typed or printed name of registered ag-	ert and title if app	licable. (NOT	TE Registere	xd Agent	signature r	re required when reinstating) DATE
12.	OFFICERS A	ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THTLE	VPD XIDELETE		1.1 T	1.1 TITLE VP.		VPD ★ Change	
NAME	1.0211, 2/202112		12 N				WOLFF, BABBETTE
STREET ADDRESS	2000 0 002 11 2210 22 2		1.3 \$7		STREET ADDRESS 250		
CITY - ST - ZIP					1.4 CITY-ST-ZIP P		PALM BEACH, FL 33480
TITLE	PD		□DELETE 21		TITLE		☐ Change ☐ Addition
NAME	0				2 2 NAME		
STREET ADDRESS			235		STREET	ADDRESS	ss
CITY-ST-ZIP					2 4 CITY-ST-ZIP		
TITLE	SD				I '		SD Change Addition
NAME							WOLFF, BABBETTE
STREET ADDRESS				33 STREET ADDRESS 25		1 2 2 0 0 0 0 0 DAN DEVID. 1-C-1	
CITY - ST - ZIP				34. CITY-ST-ZIP PA 41 TITLE TD		PALM BEACH, FL 33480	
TITLE	TD		W INFFEIF				TD SOLD Addition
NAME	LEVINE, WILLIAM						ABE GOLD
STREET ADDRESS	D4141 BE 4041 B			4.3 STREET ADDRESS 2.			
CITY-ST-ZIP			_		- ZIP	PALM BEACH, FL 33480	
TITLE NAME			Potter	51 T			Change Addition
STREET ADDRESS					NAME OTREET I	nnoree	
						ADDRESS	s
CITY-ST-ZIP TITLE	Phone and			54 CITY-ST-ZIP 61 TITLE		Change Addition	
NAME			Porreir		NAME		Change Addition
STREET ADDRESS						tunneree	c
CITY-ST-ZIP						ADDRESS	»
O111.91.71L				0.41	CITY - ST	-211	

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:

Abe Gold, Treasurer

April 11, 1996

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