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**Jan 28 1997 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # 739314 (3)

1. Corporation Name
**2500 SOUTH OCEAN BOULEVARD CONDOMINIUM ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
2500 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480 **2500 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480-5470**



3. Date Incorporated or Qualified **06/10/1977** 3a. Date of Last Report **04/17/1996**

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 30

4. FEI Number **59-1785565** 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

**BECKER, POLIAKOFF & STEITFELD
450 AUSTRALIAN AVE NORTH STE 720
WEST PALM BEACH FL 33401-5034**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFE, BABBETTE	
STREET ADDRESS	2500 S OCEAN BLVD 3 C 3	
CITY-ST-ZIP	PALM BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GERALD	
STREET ADDRESS	2500 S OCEAN BLVD 3-C-4	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOULD, BLANCHE	
STREET ADDRESS	2500 S OCEAN BLVD 3 C 3	
CITY-ST-ZIP	PALM BCH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ABE, GOLD	
STREET ADDRESS	2500 S OCEAN BLVD 2 B 5	
CITY-ST-ZIP	PALM BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROWN, ALVIN	
1.3 STREET ADDRESS	2500 S OCEAN BLVD 2B2	
1.4 CITY-ST-ZIP	PALM BEACH, FL	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GROSS, ARTHUR	
2.3 STREET ADDRESS	2500 S OCEAN BLVD 2-D-3	
2.4 CITY-ST-ZIP	PALM BEACH, FL	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STAYMAN, JOSEPHINE	
3.3 STREET ADDRESS	2500 S OCEAN BLVD 1C5	
3.4 CITY-ST-ZIP	PALM BEACH, FL	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GOLD, ABE	
4.3 STREET ADDRESS	2500 S OCEAN BLVD 2B5	
4.4 CITY-ST-ZIP	PALM BEACH, FL	
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-97

CR2E037 (9/96)