

FILE NOW: FILING FEE IS \$61.25

FILED  
May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 739314 (3)**  
1. Corporation Name  
**2500 SOUTH OCEAN BOULEVARD CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business <b>2500 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480</b>	Mailing Address <b>2500 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480</b>
--	--

2. Principal Place of Business 21 <b>2500 S. OCEAN BLVD</b> Suite, Apt. #, etc. 22	2a. Mailing Address 26 <b>2500 S. OCEAN BLVD.</b> Suite, Apt. #, etc. 27
City & State 23 <b>PALM BEACH, FL</b>	City & State 28 <b>PALM BEACH, FL</b>
Zip 24 <b>33480</b>	Country 25 <b>USA</b>
Zip 29 <b>33480</b>	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>06/10/1977</b>	
4. FEI Number <b>59-1785565</b>	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	



9. Name and Address of Current Registered Agent  
**BECKER, POLIAKOFF & STEITFELD  
450 AUSTRALIAN AVE NORTH STE 720  
WEST PALM BEACH FL 33401-5034**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 <b>BROWN, ALVIN</b> 2500 S OCEAN BLVD 2B2 PALM BCH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	PD <b>GROSS, ARTHUR</b> 2500 S OCEAN BLVD 2D3 PALM BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD <b>STAYMAN, JOSEPHINE</b> 2500 S OCEAN BLVD 1C5 PALM BCH FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD <b>GOLD, ABE</b> 2500 S OCEAN BLVD 2 B 5 PALM BCH FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

SECRETARY  
**MRS. BABBETTE WOLFF**  
2500 S. OCEAN BLVD.  
PALM BEACH, FL 33480

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 in an attachment with an address.

SIGNATURE: Arthur Gross **ARTHUR GROSS/PRESIDENT** 4-27-98

CR2E037 (10/97)