

FILED
Apr 26, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739314

1. Corporation Name
2500 SOUTH OCEAN BOULEVARD CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 2500 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480	Mailing Address 2500 SOUTH OCEAN BOULEVARD PALM BEACH FL 33480
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/10/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1785565
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, ALVIN 2500 S OCEAN BLVD 282 PALM BCH FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	TREASURER - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BROWN, ALVIN 2500 S. OCEAN BLVD, PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, ARTHUR 2500 S OCEAN BLVD 203 PALM BEACH FL <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WOLFF, BABBETTE 2500 S OCEAN BLVD PALM BEACH FL 33480 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VICE PRESIDENT - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WOLFF, BABBETTE 2500 S. OCEAN BLVD., PALM BCH., FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLD, ABE 2500 S OCEAN BLVD 2 B 5 PALM BCH FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	SECRETARY - DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GOLD, ABE 2500 S. OCEAN BLVD., PALM BCH, FL 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Arthur Gross SIGNATURE REARTHUR GROSS/PRESIDENT 4-23-99 561-588-8188
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)