

2000 UNIFORM BUSINESS REPORT (UBR)

2.

FILED
May 01, 2000 8:00 am
Secretary of State

02-15-2000 90045 048 ****70.00

DOCUMENT # 739314

1. Entity Name

2500 SOUTH OCEAN BOULEVARD CONDOMINIUM ASSOCIATI

Principal Place of Business

Mailing Address

**2500 SOUTH OCEAN BOULEVARD
 PALM BEACH FL 33480**

**2500 SOUTH OCEAN BOULEVARD
 PALM BEACH FL 33480-5470**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1785565

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROWN, ALVIN	
STREET ADDRESS	2500 S OCEAN BLVD 282	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GROSS, ARTHUR	
STREET ADDRESS	2500 S OCEAN BLVD 203	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WOLFF, BABBETTE	
STREET ADDRESS	2500 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLD, ABE	
STREET ADDRESS	2500 S OCEAN BLVD 2 B 5	
CITY-ST-ZIP	PALM BCH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD/TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFF, BABBETTE	
STREET ADDRESS	2500 S. OCEAN BLVD., PALM BCH., FL 33480	
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLD, ABE	
STREET ADDRESS	2500 S. OCEAN BLVD., PALM BCH., FL 33480	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WECHSLER, MAURICE	
STREET ADDRESS	2500 S. OCEAN BLVD.(3-A-2)	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Gross
ARTHUR GROSS

2-04-00

561-588-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)