


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90053 038 \*\*\*\*61.25

**DOCUMENT # 739314**

1. Entity 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**

**40068237**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

01112008 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-1785565**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DIREKTOR, KENNETH S ESQ.  
 BECKER & POLIAKOFF, P.A.  
 500 AUSTRALIAN AVENUE SOUTH, NINTH FLOOR  
 WEST PALM BEACH, FL 33401**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HORWITZ, ALAN	
STREET ADDRESS	2500 S. OCEAN BLVD. 1C2	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	T	<input type="checkbox"/> Delete
NAME	ABRAMSON, ANDREW	
STREET ADDRESS	2500 SOUTH OCEAN BLVD. 3C2	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	V	<input type="checkbox"/> Delete
NAME	FASSLER, LEON	
STREET ADDRESS	2500 S OCEAN BLVD 2D5	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	MECKLER, PETER	
STREET ADDRESS	2500 SOUTH OCEAN BLVD. 1D5	
CITY-ST-ZIP	PALM BCH, FL 33480	
TITLE	D	<input type="checkbox"/> Delete
NAME	KATZ, STEVEN	
STREET ADDRESS	2500 SOUTH OCEAN BLVD., 3C3	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHOUELA, SHEILA	
STREET ADDRESS	2500 SOUTH OCEAN BLVD., 1A5	
CITY-ST-ZIP	PALM BEACH, FL 33480	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATRICK SEGRAVES	
STREET ADDRESS	2500 S. OCEAN BLVD. 1D1	
CITY-ST-ZIP	PALMBEACH, FL 33480	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT I. FRIEDMAN	
STREET ADDRESS	2500 S. OCEAN BLVD. 3B1	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN S. GOLBORO	
STREET ADDRESS	2500 S. OCEAN BLVD. 1D2	
CITY-ST-ZIP	PALM BEACH, FL 33489	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Pete G. Meckler **TREASURER** 4/11/08 561-586-5911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #