

ANNUAL REPORT  
1985

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

APR 26 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 744595 (0)

1. Corporation Name  
**THE THIRTY-THREE SIXTY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**3360 S OCEAN BLVD PALM BCH FL 33480**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/14/1978** 3a. Date of Last Report **04/28/1984**  
4. FEI Number **59-1910887** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

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

9. Name and Address of Current Registered Agent  
**EDGAR, CHARLES W  
3300 PGA BLVD., SUITE 500  
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FINE, NONA
STREET ADDRESS	3360 S OCEAN BLVD.
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	VD
NAME	BINDMAN, ARTHUR
STREET ADDRESS	3360 S OCEAN BLVD.
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	SD
NAME	ROSENBLOOM, SHIRLEY
STREET ADDRESS	3360 S OCEAN BLVD.
CITY-ST-ZIP	PALM BCH, FL 00000
TITLE	TD
NAME	SCHWARTZ, HARVEY
STREET ADDRESS	3360 S OCEAN BLVD.
CITY-ST-ZIP	PALM BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BINDMAN, ARTHUR	
1.3 STREET ADDRESS	3360 S. OCEAN BLVD.	
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	C. GUS PAPPAS	
2.3 STREET ADDRESS	3360 S. OCEAN BLVD.	
2.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Arthur J. Bindman* **ARTHUR J. BINDMAN, Pres. 4/18/85 (40) 585-4524**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR