

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

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**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** **3360 S OCEAN BLVD PALM BCH FL 33480**

3. Date Incorporated or Qualified **10/14/1978** 3a. Date of Last Report **04/26/1995**  
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**  
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 24 Country 25 28 Zip 29 Country 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 **Markell, Lawrence**  
82 Street Address (P.O. Box Number is Not Acceptable) **7280 W. Palmetto Park Rd., Suite 202N**  
83  
84 City **Boca Raton** 85 Zip Code **FL 33433**

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 *Lawrence Markell* DATE **4/25/96**  
Signature, typed or printed name of registered agent, and, if not applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BINDMAN, ARTHUR	
STREET ADDRESS	3360 S OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BINDMAN, ARTHUR	
STREET ADDRESS	3360 S OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSENBLOOM, SHIRLEY	
STREET ADDRESS	3360 S OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARTZ, HARVEY	
STREET ADDRESS	3360 S OCEAN BLVD.	
CITY-ST-ZIP	PALM BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PAPPAS, C.GUS	
STREET ADDRESS	3360 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
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	ALEXANDER, ARNOLD	
1.3 STREET ADDRESS	3360 S. OCEAN BLVD.	
1.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FINE, NONA	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KOHLREITER, MELVIN	
4.3 STREET ADDRESS	3360 S. OCEAN BLVD.	
4.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BOLONKIN, MARTIN	
5.3 STREET ADDRESS	3360 S. OCEAN BLVD.	
5.4 CITY-ST-ZIP	PALM BEACH, FL 33480	
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 119.07(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: *Shirley F. Rosenbloom* Secretary April 24, 1996 585-4504  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)