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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 # 744595

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

Principal Place of Business 3360 S OCEAN BLVD PALM BCH FL 33480	Mailing Address 3360 S OCEAN BLVD PALM BCH FL 33480
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/14/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1910887
City & State 23	City & State 28	5. Certificate of Status Desired <input 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		10. Name and Address of New Registered Agent	
MARKELL, LAWRENCE 7280 W. PALMETTO PARK ROAD SUITE 202N BOCA RATON FL 33433		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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	ALEXANDER, ARNOLD	1.2 NAME	SUSSMAN, RICHARD
STREET ADDRESS	3360 S. OCEAN BLVD	1.3 STREET ADDRESS	3360 SO. OCEAN BLVD.
CITY-ST-ZIP	PALM BCH, FL 00000	1.4 CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	VD	2.1 TITLE	D
NAME	FINE, NONA	2.2 NAME	DONALD HATES
STREET ADDRESS	3360 S. OCEAN BLVD	2.3 STREET ADDRESS	3360 SO. OCEAN BLVD.
CITY-ST-ZIP	PALM BCH, FL 00000	2.4 CITY-ST-ZIP	PALM BEACH, FL. 33480
TITLE	SD	3.1 TITLE	
NAME	ROSENBLOOM, SHIRLEY	3.2 NAME	
STREET ADDRESS	3360 S OCEAN BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	ANDREWS, DICK	4.2 NAME	
STREET ADDRESS	3360 S OCEAN BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BOLONKIN, MARTIN	5.2 NAME	
STREET ADDRESS	3360 S OCEA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	KURTIS, ALAN	6.2 NAME	
STREET ADDRESS	3360 S OCEAN BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PSLM BEACH FL	6.4 CITY-ST-ZIP	

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: *Martin Bolonkin* **NAT REQUIRED** Date: *1/25/99* Daytime Phone #: *561-5854504*

CR2E037 (11/98)