

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744595

FILED
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90012 026 ****61.25

1. Entity Name

THE THIRTY-THREE SIXTY CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

3360 S OCEAN BLVD
 PALM BCH FL 33480

3360 S OCEAN BLVD
 PALM BCH FL 33480-5668

LU022470



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1910887

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKELL, LAWRENCE
7280 W. PALMETTO PARK ROAD
SUITE 202N
BOCA RATON FL 33433

address change only

Name

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

7200 West Camino Real, Suite 301

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 | PD | <input type="checkbox"/> Delete |
| NAME | ALEXANDER, ARNOLD | |
| STREET ADDRESS | 3360 S. OCEAN BLVD | |
| CITY-ST-ZIP | PALM BCH, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | FINE, NONA | |
| STREET ADDRESS | 3360 S. OCEAN BLVD | |
| CITY-ST-ZIP | PALM BCH, FL 00000 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | ROSENBLUM, SHIRLEY | |
| STREET ADDRESS | 3360 S OCEAN BLVD. | |
| CITY-ST-ZIP | PALM BCH, FL 00000 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SUSSMAN, RICHARD | |
| STREET ADDRESS | 3360 S OCEAN BLVD | |
| CITY-ST-ZIP | PALM BCH FL 33480 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOLONKIN, MARTIN | |
| STREET ADDRESS | 3360 S OCEA BLVD | |
| CITY-ST-ZIP | PALM BEACH FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KURTIS, ALAN | |
| STREET ADDRESS | 3360 S OCEAN BLVD | |
| CITY-ST-ZIP | PSLM BEACH FL | |

| | | |
|----------------|--------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GOLDBERG, LARRY | |
| STREET ADDRESS | 3360 S. OCEAN BLVD | |
| CITY-ST-ZIP | PALM BCH, FL 33480 | |
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROMANOW, GAIL | |
| STREET ADDRESS | 3360 S. OCEAN BLVD | |
| CITY-ST-ZIP | PALM BCH, FL 33480 | |
| TITLE | VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TD | <input checked="" 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 | | |

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Signature Required
MARTIN BOLONKIN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #