

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90013 016 \*\*\*\*61.25

**DOCUMENT # 744595**

1. Entity Name

**THE THIRTY-THREE SIXTY CONDOMINIUM ASSOCIATION,**

Principal Place of Business

Mailing Address

~~2000~~ S OCEAN BLVD  
 PALM BCH FL 33480

3360 S OCEAN BLVD  
 PALM BCH FL 33480

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1910887**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKELL, LAWRENCE**

~~7200 W CAMINO REAL~~ 5355 Town Center Road  
**SUITE 301** Suite 801  
~~BOCA RATON FL 33480~~ Boca Raton, FL 33486

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.

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  Delete  
 NAME **PD ALEXANDER, ARNOLD**  
 STREET ADDRESS **3360 S. OCEAN BLVD**  
 CITY-ST-ZIP **PALM BCH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D SAVAGE, HOWARD**  
 STREET ADDRESS **3360 S. OCEAN BLVD**  
 CITY-ST-ZIP **PALM BCH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD ROMANOW, GAIL**  
 STREET ADDRESS **3360 S OCEAN BLVD.**  
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD SUSSMAN, RICHARD**  
 STREET ADDRESS **3360 S OCEAN BLVD**  
 CITY-ST-ZIP **PALM BCH FL 33480**

TITLE  Change  Addition  
 NAME **Goldberg, Larry**  
 STREET ADDRESS **3360 S. Ocean Blvd**  
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE  Delete  
 NAME **TD BOLONKIN, MARTIN**  
 STREET ADDRESS **3360 S OCEA BLVD**  
 CITY-ST-ZIP **PALM BEACH FL**

TITLE  Change  Addition  
 NAME **TD Fine, Leo**  
 STREET ADDRESS **3360 S. Ocean Blvd**  
 CITY-ST-ZIP **Palm Beach, FL 33480**

TITLE  Delete  
 NAME **D KURTIS, ALAN**  
 STREET ADDRESS **3360 S OCEAN BLVD**  
 CITY-ST-ZIP **PSLM BEACH FL**

TITLE  Change  Addition  
 NAME **D Mates, Donald**  
 STREET ADDRESS **3360 S. Ocean Blvd.**  
 CITY-ST-ZIP **Palm Beach, FL 33480**

12. 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 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*

3/28/2002 561-585-4504

CR2E037 (9/01)