

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

1995 MAR 17 PM 12: 25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **760370**  
1. Corporation Name  
**3120 CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**3120 S. OCEAN BLVD. PALM BEACH, FL 33480**      **3120 S. OCEAN BLVD PALM BEACH, FL 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/09/1981**      3a. Date of Last Report **04/06/1994**  
4. FEI Number **59-2256948**      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 Suits, Apt. #, etc.      26 Suits, Apt. #, etc.  
22 City & State      27 City & State  
23 Zip      28 Country      29 Zip      30 Country

9. Name and Address of Current Registered Agent  
**ELLINS, VICTOR  
2860 CUYAHOGA LANE  
WEST PALM BEACH, FL 33409**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City      85 Zip Code  
**FL**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>
NAME	<b>FALK, MD, MARSHALL A.</b>
STREET ADDRESS	<b>3120 S. OCEAN BLVD.</b>
CITY- ST- ZIP	<b>PALM BEACH, FL 33480</b>
TITLE	<b>T</b>
NAME	<b>ROSS, MARTIN</b>
STREET ADDRESS	<b>3120 S. OCEAN BLVD</b>
CITY- ST- ZIP	<b>PALM BEACH, FL</b>
TITLE	<b>VICE PRESIDENT</b>
NAME	<b>FERDINAND, SPEIER</b>
STREET ADDRESS	<b>3120 S. OCEAN BLVD</b>
CITY- ST- ZIP	<b>PALM BEACH, FL</b>
TITLE	<b>D S</b>
NAME	<b>BEAUDOUIN, JOHN T.</b>
STREET ADDRESS	<b>3120 S. OCEAN BLVD</b>
CITY- ST- ZIP	<b>PALM BEACH, FL</b>
TITLE	<b>D</b>
NAME	<b>JONES, JOSEPH</b>
STREET ADDRESS	<b>3120 S. OCEAN BLVD.</b>
CITY- ST- ZIP	<b>PALM BEACH, FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	<b>000001434860</b>
2.1 TITLE	<b>03721795 -- 01082 (ange 0116) Addition</b>
2.2 NAME	<b>****200.00 ****200.00</b>
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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	<b>TAW</b>
6.3 STREET ADDRESS	<b>3/17/95</b>
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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin Ross*      *Treas.*      *3/13/95*      *(407) 582-8313*  
Signature and typed or printed name of current officer or director      Date      Telephone #