

FILE NOW: FILING FEE IS \$61.25

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Jan 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **760370** (7)

1. Corporation Name

**3120 CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>3120 S. OCEAN BLVD. PALM BEACH FL 33480</b>	Mailing Address <b>3120 S. OCEAN BLVD. PALM BEACH FL 33480-5695</b>
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3. Date Incorporated or Qualified <b>10/09/1981</b>	3a. Date of Last Report <b>03/01/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>	4. FEI Number <b>59-2256948</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State <b>23</b>	City & State <b>28</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLINS, VICTOR  
2860 CUYAHOGA LANE  
WEST PALM BEACH FL 33409**

81 Name <b>ALLEN HARPER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3120 SO. OCEAN BLVD</b>
83
84 City <b>PALM BEACH</b>
85 Zip Code <b>FL 33480</b>

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 *Allen Harper* **ALLEN HARPER - MGR** DATE **1-8-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FALK, MARSHALL A</b>		1.2 NAME	
STREET ADDRESS <b>3120 S OCEAN BLVD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BCH. FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ROSS, MARTIN</b>		2.2 NAME	
STREET ADDRESS <b>3120 S OCEAN BLVD.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BCH. FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FERDINAND, SPEIER</b>		3.2 NAME	
STREET ADDRESS <b>3120 S. OCEAN BLVD.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BEAUDOUIN, JOHN T</b>		4.2 NAME	
STREET ADDRESS <b>3120 S OCEAN BLVD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, JOSEPH</b>		5.2 NAME	
STREET ADDRESS <b>3120 S. OCEAN BLVD.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0039412

CR2E037 (9/96)