FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 760370**

3120 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
3120 S. OCEAN BLVD.
PALM BEACH Ft. 33480

Mailing Address

2120 S. OCEAN BLVD

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90120 030 ****61.25

A LEGGIC CORES BACAR DECENTACION DE CALABRA ARRIVAÇÃO, OCURA DECENTACION DE CALABRA DE CALABRA DE CALABRA DE C

134662 90120 30

PALM BEACH FL 33480 PALM BEACH FL 33480									
2. Principal Pl	pal Place of Business 2a. Mailing Address 26				. <u></u>	3. Date Incorporated or Qualified 10/09/1981			
Suite. Apt.	#. etc	Suite, Apt.	#, etc.			4. FEI Number	_ 	Ap	plied For
27					59-2256948		No	Not Applicable	
City & State City & State			3			5 Continues of Ctatus Desired		\$8.75 A	
3		28	B			5. Certificate of Status Desired Fee Required			quired
Zip	Country	Zip		Country		6. Election Campaign Fin	ancing	\$5.00	Мау Ве
4	25	29	30	<u>L</u>		Trust Fund Contribution	<u> </u>	Added t	o Fees
	9. Name and Address of Current	Registered Agent		-		10. Name and Address o	f New Registered	l Agent	
				81	Name				
ANN HOL	DEN			82	Street Add	Iress (P.O. Box Number is Not	Acceptable)		
3120 S OCEAN BLVD								•	
PALM BCCH FL 33480				83			•		
,,,_,,				84	City			85 Zip (Code
					•		<u> </u>		·
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State or im familiar with, and accept the obligation	t Fiorida. Such cha	inge was autho	onzeu by	the corporal	poration submits this statement tion's board of directors. I hereb	tor the purpose on accept the appoint	of changing its pintment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Reg	gistered Ager	t signature requi	red when reinstating)	DATE	·····	
12.	OFFICERS AND			13.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	p		DELETE	1.1 TITLE				☐ Change	Additio
NAME	FALK, MARSHALL A			1.2 NAME					
STREET ADDRESS				1.3 STREE	ADDRESS				
CITY-ST-ZIP	PALM BCH. FL 33480			1.4 CITY-S	T-ZIP				
TITLE	T		DELETE	2.1 TTLE			• • • • •	- Change	Additio
NAME	ROSS, MARTIN			2.2 NAME					
STREET ADDRESS	3120 S OCEAN BLVD.			2.3 STREET	ADDRESS				
CITY-ST-ZIP	PALM BCH. FL 33480			2. 4 CITY- S	T-ZIP				
TITLE	VP	<u>`</u> ``X	DELETE	3.1 TITLE		DIRECTOR		Change	Additio
NAME	FERDINAND, SPEIER		`	3.2 NAME			non		
STREET ADDRESS	1			33STREE	ADDRESS	DR. HANS Barn 11205.0cean Bl	va.	•	
CITY-ST-ZIP	PALM BEACH FL			3.4. CITY- S	T-2IP	Palm Beach, Fl.	33480		
TITLÉ	98 Secretary		DELETE	4.1 TITLE				☐ Change	☐ Additio
NAME	BEAUDOUIN, JOHN T			4. 2 NAME				•	
STREET ADDRESS	l			4.3 STREE	T ADDRESS		•		
CITY-ST-ZIP	PALM BEACH FL 3348	O		4.4 CITY-S	į.	•			
TITLE	BE VP		DELETE	5.1 TITLE				☐ Change	Additio
NAME	GORDES, LEONARD			5.2 NAME					
STREET ADDRESS	3120 S OCEAN BLVD			5.3 STREE	T ADDRESS			•	
CITY-ST-ZIP	PALM BEACH FL 33480	0		5.4 CITY- S	T-ZIP				
TITLE	I ALM DENOTITE CO.		DELETE	6.1 TITLE				Change	Addition
NAME	·			16.2 NAME					
STREET ADDRESS				6.3 STREE	TADDRESS				
STREET ADDRESS CITY-ST-ZIP	1			6.4 CITY-S	T- ZIP				
CDY-SI-ZIP	1				- 1				

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.

561-586-0799