

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90006 002 \*\*\*\*61.25

**DOCUMENT # 760370**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2256948**

Applied For

Not Applicable

Zip

Country

Zip

Country

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**

**ANN HOLDEN  
 3120 S OCEAN BLVD  
 PALM BCH FL 33480**

Name

**Shirley A. Ashmead**

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

**3120 S. Ocean Blvd.**

**Palm Beach, FL 33480**

City

**FL**

Zip Code

**33480**

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

*Shirley A. Ashmead*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-14-01**

**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 NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P FALK, MARSHALL A	3120 S OCEAN BLVD	PALM BCH. FL	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
T ROSS, MARTIN	3120 S OCEAN BLVD.	PALM BCH. FL	<input type="checkbox"/>	Director			<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS BEAUDOUIN, JOHN T	3120 S OCEAN BLVD	PALM BEACH FL	<input type="checkbox"/>	Director			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D CORDES, LEONARD	3120 S. OCEAN BLVD.	PALM BEACH FL	<input type="checkbox"/>	Treasurer			<input checked="" type="checkbox"/>	<input type="checkbox"/>
D DR. HANS, BAUMAN	3120 S. OCEAN BLVD.	PALM BEACH FL 33480	<input type="checkbox"/>	Secretary			<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/00)

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: **Leonard Cordes, Treasurer** *L. Cordes*

Feb. 14, 2001