

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90035 037 ****61.25

DOCUMENT # 760370

1. Entity Name

3120 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

3120 S. OCEAN BLVD.
PALM BEACH FL 33480

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

59-2256948

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORREST, CARL J
3120 S OCEAN BLVD.
PALM BEACH FL 33480

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MESIROW, RICHARD	
STREET ADDRESS	3120 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOLDSTEIN, LEE	
STREET ADDRESS	3120 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DUBIN, LARRY	
STREET ADDRESS	3120 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	AUGALI, ANN	
STREET ADDRESS	3120 S OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SMITH, CAROL	
STREET ADDRESS	3120 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGERI, ANN	
STREET ADDRESS	3120 S. OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALVIN PARVEN	
STREET ADDRESS	3120 S. OCEAN BLVD	
CITY-ST-ZIP	PALM BEACH, FL 33480	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANS BAUMANN	
STREET ADDRESS	3120 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:

ANN AUGERI

1/26/05

561-586-0799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #