

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 29 PM 1:23

DOCUMENT # **754393** (7)

1. Corporation Name

THE 2100 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2100 S. OCEAN BLVD.
PALM BEACH FL 33480

2100 S. OCEAN BLVD.
PALM BEACH FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/26/1980

3a. Date of Last Report
03/29/1994

4. FEI Number
59-2027931

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KORNFELD, GARY
SUITE 1000
1400 CENTREPARK BLVD.
W PALM BCH FL 33401**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	BARON, LEONARD
STREET ADDRESS	2100 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH FL
TITLE	VP
NAME	SHERWOOD, RUTH
STREET ADDRESS	2100 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH FL
TITLE	PD
NAME	SIDMAN, PAULA
STREET ADDRESS	2100 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH FL
TITLE	D
NAME	BERMAN, RUTH
STREET ADDRESS	2100 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH FL
TITLE	D
NAME	SUKNOW, IRVING
STREET ADDRESS	2100 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH FL
TITLE	T
NAME	ALPERIN, MELVIN
STREET ADDRESS	2100 S. OCEAN BLVD.
CITY-ST-ZIP	PALM BEACH FL

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARON, LEONARD	
1.3 STREET ADDRESS	2100 S. OCEAN BLVD.	
1.4 CITY-ST-ZIP	PALM BEACH, FL	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHERWOOD, RUTH	
2.3 STREET ADDRESS	2100 S. OCEAN BLVD.	
2.4 CITY-ST-ZIP	PALM BEACH, FL	
3.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SIDMAN, PAULA	
3.3 STREET ADDRESS	2100 S. OCEAN BLVD.	
3.4 CITY-ST-ZIP	PALM BEACH, FL	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BERMAN, RUTH	
4.3 STREET ADDRESS	2100 S. OCEAN BLVD.	
4.4 CITY-ST-ZIP	PALM BEACH, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SUKNOW, IRVING	
5.3 STREET ADDRESS	2100 S. OCEAN BLVD.	
5.4 CITY-ST-ZIP	PALM BEACH, FL	
6.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	ALPERIN, MELVIN	
6.3 STREET ADDRESS	2100 S. OCEAN BLVD.	
6.4 CITY-ST-ZIP	PALM BEACH, FL	

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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: Ruth Sherwood V.P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: 1/12/94 (407)588-4285
Date (Type in Plain)