

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 754393 (7)

1. Corporation Name
THE 2100 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 2100 S. OCEAN BLVD. PALM BEACH FL 33480
Mailing Address: 2100 S. OCEAN BLVD. PALM BEACH FL 33480

3. Date Incorporated or Qualified: 09/26/1980
3a. Date of Last Report: 01/20/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2027931
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BARON, LEONARD		1.2 NAME: GREENBERG, GEORGE	
STREET ADDRESS: 2100 S. OCEAN BLVD.		1.3 STREET ADDRESS: 2100 S. OCEAN BLVD.	
CITY-ST-ZIP: PALM BEACH FL		1.4 CITY-ST-ZIP: PALM BEACH, FL 33480	
TITLE: VP	<input type="checkbox"/> DELETE	2.1 TITLE: Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SHERWOOD, RUTH		2.2 NAME: SHERWOOD, RUTH	
STREET ADDRESS: 2100 S. OCEAN BLVD.		2.3 STREET ADDRESS: 2100 S. OCEAN BLVD.	
CITY-ST-ZIP: PALM BEACH FL		2.4 CITY-ST-ZIP: PALM BEACH, FL 33480	
TITLE: PD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SIDMAN, PAULA		3.2 NAME:	
STREET ADDRESS: 2100 S. OCEAN BLVD.		3.3 STREET ADDRESS:	
CITY-ST-ZIP: PALM BEACH FL		3.4 CITY-ST-ZIP:	
TITLE: D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BERMAN, RUTH		4.2 NAME: HABER, THEODORE	
STREET ADDRESS: 2100 S. OCEAN BLVD.		4.3 STREET ADDRESS: 2100 S. OCEAN BLVD.	
CITY-ST-ZIP: PALM BEACH FL		4.4 CITY-ST-ZIP: PALM BEACH, FL 33480	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SUKNOW, IRVING		5.2 NAME: Baron, Leonard	
STREET ADDRESS: 2100 S. OCEAN BLVD.		5.3 STREET ADDRESS: 2100 S. Ocean Blvd.	
CITY-ST-ZIP: PALM BEACH FL		5.4 CITY-ST-ZIP: Palm Springs, FL 33480	
TITLE: T	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: ALPERIN, MELVIN		6.2 NAME:	
STREET ADDRESS: 2100 S. OCEAN BLVD.		6.3 STREET ADDRESS:	
CITY-ST-ZIP: PALM BEACH FL		6.4 CITY-ST-ZIP:	

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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 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: *Ruth Sherwood* 6/17/96 (561)582-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)