

# 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

Mailing Address

**2100 S. OCEAN BLVD.  
PALM BEACH FL 33480**

**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

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** **25**

**29** **30**

4. FEI Number  
**59-2027931**

Applied For  
Not Applicable

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

**FL** **85** Zip Code

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

Signature, typed or printed name of registered agent and title of applicant to

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

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BARON, LEONARD</b>	
STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>SHERWOOD, RUTH</b>	
STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIDMAN, PAULA</b>	
STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BERMAN, RUTH</b>	
STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SUKNOW, IRVING</b>	
STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>ALPERIN, MELVIN</b>	
STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
CITY-ST-ZIP	<b>PALM BEACH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>GREENBERG, GEORGE</b>	
1.3 STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
1.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
2.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SHERWOOD, RUTH</b>	
2.3 STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
2.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>HABER, THEODORE</b>	
4.3 STREET ADDRESS	<b>2100 S. OCEAN BLVD.</b>	
4.4 CITY-ST-ZIP	<b>PALM BEACH, FL 33480</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Baron, Leonard</b>	
5.3 STREET ADDRESS	<b>2100 S. Ocean Blvd.</b>	
5.4 CITY-ST-ZIP	<b>Palm Springs, FL 33480</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/96

Date

(561)582-4285

Daytime Phone #

CR2E037 (12/95)