FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 27 1997 8:00am

Secretary of State

Daytime Phone # 0039419

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE:

754393

(7)

THE 2100 CONDOMINIUM ASSOCIATION, INC.

Suite, Apt. #, etc. 22 City & State 23 Zip	Country 25 ne and Address of Current	2a. 26 27 28 29	OD S. OCEAN BLVD. ALM BEACH FL 33480-1 - Mailing Address Suite, Apt. #, etc. City & State				3. Date Incorporated or Qualified 09/26/1980 4. FEI Number 59-2027931 5. Certificate of Status Desired	_ \$9.75	
City & State 23 Zip 24 9. Nan	Country 25	26 27 28	Suite, Apt. #, etc. City & State				09/26/1980 4. FEI Number 59-2027931	06/21/1	996 Applied For
Suite, Apt. #, etc. City & State Zip Zip 9. Nan	Country 25	26 27 28	Suite, Apt. #, etc. City & State				59-2027931	_ \$9.75	
Suite. Apt. #. etc. City & State Zip P. Nan	25	27 28 29	City & State	T 0		. <u>.</u>		00.75	Vot Applicable
City & State Zip 29. Nan	25	28	City & State	T 0-			5. Certificate of Status Desired	€ £ 75	
23 Zip 2ip 24 9. Nan	25	29	-	T					Additionar Required
9. Nan	25	29	Zip	T			Election Campaign Financing Trust Fund Contribution		May Be
9. Nan				30	untry		8. This corporation has liability for in		***************************************
Kornfeld, gar			itered Agent	1301	1		10. Name and Address of New Reg		··· ·· · · · · · · · · · · · · · · · ·
KORNFELD, GAR					81	Name			
SUITE 1000	Υ				82	Street Addi	ress (P.O. Box Number is Not Acceptable	le)	
1400 CENTREPARK BLVD.					83				
W PALM BCH FL	33401				84	City		FL 85 Zip	Code
11. Pursuant to the pro-	risions of Sections 617.0502	and 6	17,1508, Florida Stati	utes, the a	above	-named corr	poration submits this statement for the pu	roose of changing	its registered
office or registered	agent, or both, in the State of	of Florid	da. Such change was	authorize	ed by	the corporal	tion's board of directors. I hereby accept	t the appointment a	s registered
	with, and accept the obliga	lions of	i, section 617.0505, i	-iorida Sia	atutes	•	•		
SIGNATURE	ed or printed name of registered agen	I and title	if applicable (N	OTE: Register	ed Ager	nt signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND	DIREC	CTORS	13.			ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE D			☐ DELETE	1.1 7	TITLE			☐ Change	
NAME GREET	NBERG, GEORGE			1.21	NAME				
STREET ADDRESS 2100 S	S. OCEAN BLVD.			1.3 5	STREET	ADDRESS			
CITY-ST-ZIP PALM	BEACH FL			1,4 (CITY-ST	r-ZIP			
TITLE S			☐ DELETE		TITLE			☐ Change	Addition
NAME SHERY	WOOD, RUTH			2.21	NAME			_	
	S. OCEAN BLVD.			2.3 5	STREET /	ADDRESS			
CITY-ST-ZIP PALM	BEACH FL			2.4	CITY-S	T-21P			
TITLE PD			☐ D£LETE		TITLE			☐ Change	Addition
NAME SIDMA	n, Paula			3.21	NAME			•	
STREET ADDRESS 2100 S	S. OCEAN BLVD.			3.3 8	STREET	ADDRESS			
CITY-ST-ZIP PALM	BEACH FL			3.4.	CITY-S	T- ZWP			
TITLE VP			DELETE		TITLE			☐ Change	☐ Addition
NAME HABE	r, thedore			4. 2	NAME				
STREET ADDRESS 2100 \$	S. OCEAN BLVD.			4.3 9	STREET A	ADDRESS			
CITY-ST-ZIP PALM	BEACH FL			4.4 0	CITY-ST	r-ZIP			
TITLE D			DELETE	5.1	TITLE			☐ Change	Addition
NAME BAROI	N, LEONARD			5.2	NAME				
STREET ADDRESS 2100 \$	S. OCEAN BLVD.			5.3 9	STREET A	ADDRESS	·		
CITY-ST-ZIP PALM	BEACH FL			5.4 (CITY-ST	r-ZIP			
TITLE T			☐ DELETE		TITLE			☐ Change	Addition
NAME ALPER	IIN, MELVIN			6.2	NAME			_	
	S. OCEAN BLVD.			6.3.5	STREET A	address			
	BEACH FL			6.4 (CITY-ST	ZIP			
14. Ldo hereby certify If	nat the information supplied	with th	nis filing does not qua	lify for the	AYAA	notion states	d in Section 119.07(3)(i), Florida Statutes t my signature shall have the same legal	. I further certify tha	t the

Land the MEQUINED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR