

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90082 027 ****61.25

DOCUMENT # 754393

1. Entity 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 33480-5216
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2027931	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KORNFELD, GARY SUITE 1000 1400 CENTREPARK BLVD. W PALM BCH FL 33401			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL

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.

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

FILE NOW: FEE IS \$61.25 *	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor	
NAME	GREENBERG, GEORGE		NAME	Langfan, William	
STREET ADDRESS	2100 S. OCEAN BLVD.		STREET ADDRESS	2100 South Ocean Blvd.	
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP	Palm Beach, FL 33480	
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	
NAME	SHERWOOD, RUTH		NAME		
STREET ADDRESS	2100 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	
NAME	MANNING, MERVYN		NAME		
STREET ADDRESS	2100 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL 33480		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	
NAME	HABER, THEODORE		NAME		
STREET ADDRESS	2100 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	
NAME	ISAACSON, BERNARD		NAME		
STREET ADDRESS	2100 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additor	
NAME	ALPERIN, MELVIN		NAME		
STREET ADDRESS	2100 S. OCEAN BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		CITY-ST-ZIP		

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: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date _____ Daytime Phone # **561-582-4285**