

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754393

1. Entity Name

THE 2100 CONDOMINIUM ASSOCIATION, INC.

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90032 014 ****61.25

0037944

Principal Place of Business

Mailing Address

2100 S. OCEAN BLVD.
PALM BEACH FL 33480

2100 S. OCEAN BLVD.
PALM BEACH FL 33480

00010001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2027931

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME GREENBERG, GEORGE
STREET ADDRESS 2100 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE D
NAME William Langfan
STREET ADDRESS 2100 S. Ocean Blvd.
CITY-ST-ZIP Palm Beach, FL 33480 ☐ Change ☒ Addition

TITLE S
NAME SHERWOOD, RUTH
STREET ADDRESS 2100 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE P
NAME MANNING, MERVYN
STREET ADDRESS 2100 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME HABER, THEODORE
STREET ADDRESS 2100 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ISAACSON, BERNARD
STREET ADDRESS 2100 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME ALPERIN, MELVIN
STREET ADDRESS 2100 S. OCEAN BLVD.
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/02

Date

Daytime Phone #

CR2E037 (9/01)