

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **716531 (9)**

1. Corporation Name
THREE THOUSAND SOUTH ASSOCIATION, INC.



Principal Place of Business: **3000 S. OCEAN BLVD BOCA RATON FL 33432 US**
Mailing Address: **3000 S. OCEAN BLVD BOCA RATON FL 33432 US**

3. Date Incorporated or Qualified: **05/09/1969**
3a. Date of Last Report: **03/24/1995**

21. Principal Place of Business	22. Suite, Apt. #, etc.	23. City & State	24. Zip	25. Country	26. Mailing Address	27. Suite, Apt. #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number: 59-1308868	Applied For: <input type="checkbox"/>	Not Applicable: <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>					8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent							
SMITH, GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY SUITE #300 BOCA RATON FL 33432					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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
TITLE	M	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTIN, GANNON		1.2 NAME		
STREET ADDRESS	3000 S OCEAN BLVD #201		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELD, MARSHALL		2.2 NAME		
STREET ADDRESS	3000 S OCEAN BLVD #606		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAUL, LEVINE		3.2 NAME		
STREET ADDRESS	3000 S OCEAN BLVD #402		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		3.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEEKAMP, CHRISTOPHER		4.2 NAME		
STREET ADDRESS	3000 S OCEAN BLVD #1202		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSSELLE, HARRY		5.2 NAME		
STREET ADDRESS	3000 S OCEAN BLVD, #705		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NUDING, DONALD		6.2 NAME		
STREET ADDRESS	3000 S OCEAN BLVD, #301		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 00000		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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)