

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 21 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33432-8390  
US

3. Date Incorporated or Qualified  
05/09/1969

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-1308868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

SMITH, GILLESPIE & ALLISON, P.A.  
1515 SOUTH FEDERAL HIGHWAY SUITE #300  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	MARTIN, GANNON	
STREET ADDRESS	3000 S OCEAN BLVD #201	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELD, MARSHALL	
STREET ADDRESS	3000 S OCEAN BLVD #606	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAUL, LEVINE	
STREET ADDRESS	3000 S OCEAN BLVD #402	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEEKAMP, CHRISTOPHER	
STREET ADDRESS	3000 S OCEAN BLVD #1202	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELLE, HARRY	
STREET ADDRESS	3000 S OCEAN BLVD, #705	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUDING, DONALD	
STREET ADDRESS	3000 S OCEAN BLVD, #301	
CITY-ST-ZIP	BOCA RATON, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone # 0038941

CR2E037 (9/96)

KURT BROD 01/09/97 561-392-4113

ADDITIONAL DIRECTORS

TITLE	D
NAME	FRIED, JEFFREY
STREET ADDRESS	3000 S OCEAN BLVD # 401
CITY - ST - ZIP	BOCA RATON, FL 00000

TITLE	D
NAME	BROD, KURT
STREET ADDRESS	3000 S OCEAN BLVD # 1504/5
CITY - ST - ZIP	BOCA RATON, FL 00000