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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 722814 DOCUMENT #

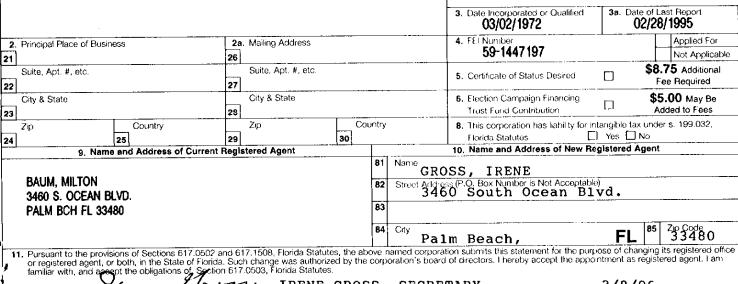
(1)

THE CLARIDGES CONDOMINIUM, INC.

11,12 02, 11,13 0.20 00,10 0.1	
Principal Place of Business	Mailing Address

3460 SOUTH OCEAN BLVD. PALM BEACH FL 33480

3460 SOUTH OCEAN BLVD. PALM BEACH FL 33480



3/8/96 IRENE GROSS, SECRETARY

(NOTE: Registered Apent signature recipiled when reinstan SIGNATURE gistered agent and title if an plicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. Addition DELETE 11 TITLE TITLE PANFEL, BERNARD R. FISHER, GEORGE 1.2 NAME NAME 3456 S. Ocean Blvd. 3456 S OCEAN BLVD. 1.3 STREET ADDRESS STREET ADDRESS Palm Beach, FL 33480 PALM BCH FL 14 CITY - ST-7IP CITY-SI-ZIP Change Addition DELETE 2.1 TITLE TITLE RUBIN, PHILIP EL NAME NAME 3460 S OCEAN BLVD '. STREET ADORESS STREET ADDRESS PALM BCH FL . 4 CITY - ST - ZIP CITY-ST-ZIP ; Change Addition DELETE 3.1 1111 E TITLE GRUMET, SIDNEY HADGIGEORGE, STEVE 3 2 NAME 3456 S. Ocean Blvd. 3460 S OCEAN BLVD. 3.3 STREET ADDRESS STREET ADDRESS PALM BCH FL Palm Beach, FL 33480 3 4. CITY - ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 THILE TITLE MENSCH, MAX 4 2 NAME NAME 3460 S. OCEAN BLVD. 4.3 STREET ADDRESS STREET ADDRESS 700001769047 -04/04/36--01031--073Change PALM BCH FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 5.1 THE TITLE \*\*\*61.25 DRIMER, MAURICE 5.2 NAME NAME 3460 S. OCEAN BLVD. 5 3 STREET ADDRESS STREET ADDRESS PALM BCH FL 54 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 61 TITLE TITLE CIRKER, LEONARD 62 NAME NAME 3460 S OCEAN BLVD 6.3 STREET ADDRESS STREET ADDRESS PALM BCH FL 64 CITY - ST-ZIP CITY-S1-7IP

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 chapter on an attachment with an indirector of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96

(407) 585-4245

Daylin e Prione #

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