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 # 733474 (1)

1. Corporation Name

T C P B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2810 HAVERHILL RD NORTH 33417 33417-2846	2810 HAVERHILL RD NORTH 33417 33417-2846

3. Date Incorporated or Qualified: **08/04/1975**

3a. Date of Last Report: **06/05/1995**

4. FEI Number: **59-2165866** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~OUN, LUCILLE~~
~~39 EASY ST~~
~~HYPOLUXO FL 33462~~

10. Name and Address of New Registered Agent

81 Name: BECKER & POLIAKOFF P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 500 AUSTRALIAN AVE. South, 9th floor
83: ATTN: KENNETH DIREKTOR, ESQ.
84 City: W. Palm Beach FL 85 Zip Code: 33401

11. Pursuant to the provisions of Section 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 X _____ DATE _____
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRESPY, LEON 2794 DENNIS CLUB DR #504 W PALM BEACH FL	☑ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD GREENFIELD, BRUCE 2876 TENNIS CLUB DR. #102 W. PALM BEACH, FL 33417	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CASEY, EDWARD L. 2788 TENNIS CLUB DR #301 W PALM BEACH FL	☑ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD MORROW, WENDELL 2786 TENNIS CLUB DR. #505 W PALM BEACH, FL 33417	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KLEINFIELD, MARK 2794 TENNIS CLUB DR., #504 W PALM BEACH FL	☑ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	SECRETARY BECK, SANDRA 2786 TENNIS CLUB DR. #108 W. PALM BEACH, FL 33417	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GILBERT AL 2786 TENNIS CLUB DR #501 W PALM BEACH FL 33417	☑ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	TREAS. ROHE, ROBERT 2786 TENNIS CLUB DR. #101 W. PALM BEACH, FL 33417	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KONOVE, CARL 2794 TENNIS CLUB DR., #503 W PALM BCH. FL	☑ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTIN DOROTHY 2820 TENNIS CLUB DR., #501 W PALM BCH. FL	☑ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	600001851095 -06/04/96--01172--031 ***61.25	☐ Change ☐ Addition

CR2E037 (12/95)

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: X _____ Bruce K. Greenfield 5/7/96 407-793-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #