

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90012 019 \*\*\*\*61.25

**DOCUMENT # 733474**

1. Entity Name

T C P B CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

2800 TENNIS CLUB DRIVE  
WEST PALM BEACH FL 33417-2846

Mailing Address

2800 TENNIS CLUB DRIVE  
WEST PALM BEACH FL 33417-2846

**54017582**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2165866

Applied For

Not Applicable

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

DIREKTOR, KENNETH  
500 AUSTRALIAN AVENUE SO.  
9TH FLOOR  
WEST PALM BEACH 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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROBE, BOB	
STREET ADDRESS	2800 TENNIS CLUB DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	KAPLAN, MILTON	
STREET ADDRESS	2800 TENNIS CLUB DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SEC	<input checked="" type="checkbox"/> Delete
NAME	GRABMAN, DOROTHY	
STREET ADDRESS	2800 TENNIS CLUB DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SAMB, BRUCE	
STREET ADDRESS	2800 TENNIS CLUB DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	GROOBERT, ROBERTA	
STREET ADDRESS	2800 TENNIS CLUB DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEEHAN, DOROTHY	
STREET ADDRESS	2800 TENNIS CLUB DR.	
CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	D FOLGEMAN, JERRY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2800 TENNIS CLUB DR.	
STREET ADDRESS	WEST PALM BEACH, FL 33417	
CITY-ST-ZIP		
TITLE	D V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEGIM-BILL	
STREET ADDRESS	2800 TENNIS CLUB DR.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Robert B. Samb*

1/5/04 484-3061