


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 733474 1. Entity Name T C P B CONDOMINIUM ASSOCIATION, INC.	
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FILED  
2006 JUL -6 PM 3:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02/10/06 90034 DIS 6/25  


07032006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2165866	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  DIREKTOR, KENNETH 500 AUSTRALIAN AVENUE SO. 9TH FLOOR WEST PALM BEACH, FL 33401
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**DO NOT WRITE IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ROHE, SYLVIA 2800 TENNIS CLUB DRIVE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP FELSHER, IRVING 2800 TENNIS CLUB DR. WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOGLEMAN, JEROME 2800 TENNIS CLUB DRIVE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NEGIN, WILLIAM 2800 TENNIS CLUB DRIVE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT FRIEDBERG, RALPH 2800 TENNIS CLUB DRIVE WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 7/10/04

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sylvia Rohe, SYLVIA ROHE</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>7/3/06</u> <small>Date</small>	Daytime Phone #: <u>(661) 684-7061</u> <small>Daytime Phone #</small>
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