# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB 28 AM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 740867 (7)

1. Corporation Name
THE 2600 CONDOMINIUM ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 2600 S. OCEAN BLVD.<br>PALM BEACH FL 33480 | 2600 S. OCEAN BLVD.<br>PALM BEACH FL 33480 |

3. Date Incorporated or Qualified: 11/23/1977
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-1786102 ☐ Applied For ☐ Not Applicable

| | | | |
|---|---|---|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 5. Certificate of Status Desired ☐ | $8.75 Additional Fee Required |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 6. Election Campaign Financing Trust Fund Contribution ☐ | $5.00 May Be Added to Fees |
| City & State 23 | City & State 28 | 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ | $68.75 Supplemental Fee Not Required |
| Zip 24 / Country 25 | Zip 29 / Country 30 | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| BECKER & POLIAKOFF, PA<br>C/O JOEL BLUMBERG<br>450 AUSTRALIAN AVE S 7TH FL<br>W PALM BCH FL 33401 | 01 Name<br>02 Street Address (P.O. Box Number is Not Acceptable)<br>03<br>04 City FL 05 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | TD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | HIRSCHHORN, JACK | 1.2 NAME | |
| STREET ADDRESS | 2600 S OCEAN BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH, FL 00000 | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | BARON, IRVING | 2.2 NAME | |
| STREET ADDRESS | 2600 S OCEAN BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH, FL 00000 | 2.4 CITY-ST-ZIP | |
| TITLE | PD | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | WEINSTEIN, MELVIN | 3.2 NAME | |
| STREET ADDRESS | 2600 S OCEAN BLVD | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH, FL 00000 | 3.4 CITY-ST-ZIP | |
| TITLE | V | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | CALANDRA, JOSEPH | 4.2 NAME | |
| STREET ADDRESS | 2600 S OCEAN BLVD | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 13, if an officer or director, with an address.

SIGNATURE: Joseph Calandra V.P. 2-22-95 407 585-3189
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013070