

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2004 8:00 am**  
**Secretary of State**

07-21-2004 90024 004 \*\*\*\*61.25

**DOCUMENT # 740867**

1. Entity Name  
THE 2600 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
2600 S. OCEAN BLVD.  
PALM BEACH, FL 33480

Mailing Address  
2600 S. OCEAN BLVD.  
PALM BEACH, FL 33480

04004147



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07132004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-1786102

Applied For  
Not Applicable

Zip

Country

Zip

Country

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 L  
500 AUSTRALIAN AVE. SOUTH 9TH FL.  
W PALM BCH, 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

**Filing Fee Is \$61.25**  
**Due by September 8, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME SCHAFFTEL, ARNOLD  
STREET ADDRESS 2600 SOUTH OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VO ☐ Delete  
NAME CALANDRA, JOSEPH  
STREET ADDRESS 2600 S OCEAN BLVD  
CITY-ST-ZIP PALM BCH, FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☒ Delete  
NAME BERNSTEIN, ABE  
STREET ADDRESS 2600 S. OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VPD ☐ Change ☒ Addition  
NAME Malcolm Roth  
STREET ADDRESS 2600 S. Ocean Blvd. #101 West  
CITY-ST-ZIP Palm Beach, FL 33480

TITLE TR ☐ Delete  
NAME SIMON, EDWARD  
STREET ADDRESS 2600 S. OCEAN BLVD.  
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

7/17/04 (561) 585-3189  
Date Daytime Phone #