## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Aug 23, 2005 8:00 am Secretary of State

DOCUMENT # 740867  1. Entity Name THE 2600 CONDOMINIUM ASSOCIATION, INC.  Principal Place of Business 2600 S. OCEAN BLVD. PALM BEACH, FL 33480  2. Principal Place of Business 3. Mailing Address 3. Mailing Address						08-23-2005 90012 002 ****61.25					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					ell amint imila milit fami	1 81811 61811 61811 6	IIBJI BIBII VIBI	}	
					08152005 Chg-NP CR2E037 (10/03)					1	
City & State		City & S			1 FO 470C4O0			plied For t Applicable			
Zip	Country	Zip		Country		5. Certificate of	Status Desired		8.75 Add		
Name and Address of Current Registered Agent						7. Name and A	ddress of New R			-	
DIREKTOR, KENNETH L 500 AUSTRALIAN AVE. SOUTH 9TH FL. W PALM BCH, FL 33401				60	15 1 TH		Sirektor	-			es grand
	. j. + %			City	rest	Palm Be	ach	FL	Zip Code 334	וס	
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, hyped 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 7, 2005  9. Election Campa Trust Fund Cont						\$5.00 May Be Added to Fees Make check payable to Florida Department of State				ate	
10.	OFFICERS AND DIF	RECTORS	<u></u>	11.	1	ADDITIONS/CHAN	IGES TO OFFICE				}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHAFTEL, ARNOLD 2600 SOUTH OCEAN BLVD. PALM BEACH, FL 33480		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				L	_ Change	Addition	12,
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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

08.19.05 585.3189

Ozytime Phone #