

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740867

FILED
Apr 11, 2007
Secretary of State

Entity Name: THE 2600 CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2600 S. OCEAN BLVD.
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

2600 S. OCEAN BLVD.
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 59-1786102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIREKTOR, KENNETH L
625 N FLAGLER DR
7TH FLOOR
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LANDSMAN, ESTHER
Address: 2600 SOUTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: VO () Delete
Name: PINTOS, HECTOR
Address: 2600 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: TR () Delete
Name: BROWNSTEIN, HAROLD
Address: 2600 S OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

Title: VPD () Delete
Name: BARON, IRVING
Address: 2600 SOUTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: ISOLINI, RICHARD
Address: 2600 SOUTH OCEAN BLVD
City-St-Zip: PALM BEACH, FL 33480

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HECTOR PINTOS

VO

04/11/2007

Electronic Signature of Signing Officer or Director

Date