2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90371 049 ****61.25

DOCUMENT # 744595

1. Entity Name
THE THIRTY-THREE SIXTY CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3360 S OCEAN BLVD PALM BCH, FL 33480	3360 S OCEAN BLVD PALM BCH, FL 33480

04162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1910887 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MARKELL, LAWRENCE
ONE CLEARLAKE CENTRE STE 1010
250 SOUTH AUSTRALIAN AVE
WEST PALM BEACH, FL 33401

7. Name and Address of New Registered Agent

Name: EDWARD DICKER
~~DICKER, KRIVOK & STOLOFF, P.A.~~
Street Address (P.O. Box Number is Not Acceptable): 1818 AUSTRALIAN AVE. S. #400
City: WEST PALM BEACH **FL** Zip Code: 33409

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: Edward Dicker Edward Dicker 4/28/04
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when constituting) DATE

Filing Fee is $61.25
Due by May 1, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, JUDITH 3360 S. OCEAN BLVD #2CS PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SIV FINKELSTEIN 3360 S. OCEAN BLVD. #3FS PALM BEACH, FL 33460	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SAVAGE, HOWARD 3360 S. OCEAN BLVD PALM BCH, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHYLLIS PERLIN 3360 S. OCEAN BLVD. #5HS PALM BEACH, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDP GREENBERG, MADELYN 3360 S OCEAN BLVD. #3BS PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEO FINE 3360 S. OCEAN BLVD #4DN PALM BEACH, FL 33480	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROOT, PAUL 3360 S OCEAN BLVD PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAIL ROMANO 3360 S. OCEAN BLVD. #5HN ~~PALM BEACH, FL 33460~~	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP COHEN, HERMAN 3360 S OCEAN BLVD#1HS PALM BEACH, FL 33480	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BONANNO, CHARLES 3360 S OCEAN BLVD PALM BEACH, FL 33480	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Madelyn Greenberg, President 4/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MADELYN GREENBERG