

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754393** (7)
1. Corporation Name
THE 2100 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2100 S. OCEAN BLVD. PALM BEACH FL 33480	Mailing Address 2100 S. OCEAN BLVD. PALM BEACH FL 33480
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3. Date Incorporated or Qualified 09/26/1980	
4. FEI Number 59-2027931	Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip 25 Country	29 Zip 30 Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
KORNFELD, GARY SUITE 1000 1400 CENTREPARK BLVD. W PALM BCH FL 33401	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GREENBERG, GEORGE		1.2 NAME BERNARD ISACSON	
STREET ADDRESS 2100 S. OCEAN BLVD.		1.3 STREET ADDRESS 2100 S. OCEAN BLVD.	
CITY-ST-ZIP PALM BEACH FL		1.4 CITY-ST-ZIP PALM BEACH FL	
TITLE S	<input type="checkbox"/> DELETE	2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SHERWOOD, RUTH		2.2 NAME WILLIAM LANGFAN	
STREET ADDRESS 2100 S. OCEAN BLVD.		2.3 STREET ADDRESS 2100 S. OCEAN BLVD.	
CITY-ST-ZIP PALM BEACH FL		2.4 CITY-ST-ZIP PALM BEACH FL	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SIDMAN, PAULA		3.2 NAME	
STREET ADDRESS 2100 S. OCEAN BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HABER, THEODORE		4.2 NAME	
STREET ADDRESS 2100 S. OCEAN BLVD.		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARON, LEONARD		5.2 NAME	
STREET ADDRESS 2100 S. OCEAN BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL		5.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALPERIN, MELVIN		6.2 NAME	
STREET ADDRESS 2100 S. OCEAN BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL		6.4 CITY-ST-ZIP	

14. 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 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 Block 13, unchanged, or on an attachment with an address.

SIGNATURE: Paula S. Sidman PRESIDENT **PAULAS** (501) 582-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000000000

CPRE037 (10/97)