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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 754393

1. Corporation Name
THE 2100 CONDOMINIUM ASSOCIATION, INC.

DI MANAGER

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/26/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2027931
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 **George F. Mahnken**

82 Street Address (P.O. Box Number is Not Acceptable)
2100 S. Ocean Blvd.

83

84 City **Palm Beach** **FL** 85 Zip Code **33480**

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 George F. Mahnken George F. Mahnken 2 March, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	GREENBERG, GEORGE	
STREET ADDRESS	2100 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHERWOOD, RUTH	
STREET ADDRESS	2100 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIDMAN, PAULA	
STREET ADDRESS	2100 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HABER, THEODORE	
STREET ADDRESS	2100 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ISAACSON, BERNARD	
STREET ADDRESS	2100 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALPERIN, MELVIN	
STREET ADDRESS	2100 S. OCEAN BLVD.	
CITY-ST-ZIP	PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William Langfan	
1.3 STREET ADDRESS	2100 S. Ocean Blvd.	
1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mervyn Manning	
2.3 STREET ADDRESS	2100 S. Ocean Blvd.	
2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] (561) 582-4285
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)