

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90082 027 ****61.25

DOCUMENT # 754393

1. Entity Name

THE 2100 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business		Mailing Address	
2100 S. OCEAN BLVD. PALM BEACH FL 33480		2100 S. OCEAN BLVD. PALM BEACH FL 33480-5216	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2027931		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
Zip	Country	Zip	Country	KORNFELD, GARY SUITE 1000 1400 CENTREPARK BLVD. W PALM BCH FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KORNFELD, GARY SUITE 1000 1400 CENTREPARK BLVD. W PALM BCH FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 *	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
---------------------------------------	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENBERG, GEORGE 2100 S. OCEAN BLVD. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Langfan, William 2100 South Ocean Blvd. Palm Beach, FL 33480 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHERWOOD, RUTH 2100 S. OCEAN BLVD. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNING, MERVYN 2100 S. OCEAN BLVD. PALM BEACH FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HABER, THEODORE 2100 S. OCEAN BLVD. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAACSON, BERNARD 2100 S. OCEAN BLVD. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ALPERIN, MELVIN 2100 S. OCEAN BLVD. PALM BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Additor

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**
 Date _____ Daytime Phone # **561-582-4285**