2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 23, 2006 8:00 am **Secretary of State DOCUMENT #755272** 01-23-2006 90123 035 ****61.25 PALM BEACH HOTEL CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 235 SUNRISE AVE 235 SUNRISE AVE PALM BEACH, FL 33480-3812 PALM BEACH, FL 33480-3812 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01102006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-2071128 City & State City & State Applied For Not Applicable Zìp Country \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNETH S. DIMEKTOR DIREKTOR, KENNETH S Street Address (P.O. Box Number is Not Acceptable) 500 AUSTRALIAN AVENUE SOUTH 9TH FLOOR WEST PALM BEACH, FL 33401 West Palm BEach 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 the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. VICE PRESIDENT Change Addition Delete TITLE TITLE SPILBERG, RICHARD RICHARD SPILBERG NAME NAME 211 COLORDAL HOMES DRIVE #1102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30309 CITY-ST-ZIP Delete DIRECTOR Addition Domenico AbdINO ABITINO, DOMENICO NAME NAME STREET ADDRESS 235 SUNRISE AVE #3217 STREET ADDRESS CITY-ST-ZIP W. PALM BEACH, FL 33480 CITY-ST- AP Delete TITLE SELRETARY ☐ Change Addition TITLE lames PAGE ZISKA, MADELON NAME sunces Ave # 2009 STREET ADDRESS 235 SUNRISE AVE #2262 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH, FL 33480 FL 33480 TITLE ☐ Delete TITLE ☐ Change ☐ Addition BLANCHARD, DARLENE C NAME NAME STREET ADDRESS 235 SUNRISE AVE #1029 STREET ADDRESS PALM BEACH, FL 33480 CITY-ST-ZIP CITY-ST-7/P RESIDENT ☐ Delete ☐ Addition TITLE TITLE NAME PETERSON, WHITNEY MAME Whitney PETERSON 12100 TUMBLEWEED COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON, FL 33414 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY-ST-ZIP

954-971-1810 SIGNATURE: IG OFFICER OR DUST-CTOR

STREET ADORESS