

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90441 022 ****61.25

DOCUMENT # 762307

1. Entity Name
THE 3560 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
3560 SOUTH OCEAN BLVD.
SO PALM BEACH, FL 33480

Mailing Address
3560 SOUTH OCEAN BLVD.
SO PALM BEACH, FL 33480

0001103



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2213977

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SID SILVERMAN
3560 SO OCEAN BLVD. #504
SO PALM BEACH, FL 33480

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

4-27-06

Filing Fee is \$61.25
Due by May 1, 2006

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	P	☒ Delete
NAME	SHAPIRO, BARRY	
STREET ADDRESS	3560 S OCEAN BLVD, 607	
CITY- ST- ZIP	SOUTH PALM BCH, FL 33480	
TITLE	DVP	☒ Delete
NAME	SILVERMAN, SIDNEY	
STREET ADDRESS	3560 SOUTH OCEAN BLVD., #504	
CITY- ST- ZIP	SO PALM BEACH, FL 33480	
TITLE	VP	☐ Delete <i>chg</i>
NAME	SILVERMAN, SID	
STREET ADDRESS	3560 S OCEAN BLVD, # 504	
CITY- ST- ZIP	SOUTH PALM BCH, FL 33480	
TITLE	S	☒ Delete
NAME	BABS, CHESSLER	
STREET ADDRESS	3560 S OCEAN BLVD, # 606	
CITY- ST- ZIP	PALM BEACH, FL 33480	
TITLE	T	☒ Delete
NAME	MILLER, LARRY	
STREET ADDRESS	3560 S OCEAN BLVD, # 906	
CITY- ST- ZIP	PALM BEACH, FL 33480	
TITLE	D	☒ Delete <i>chg</i>
NAME	PARRIS, SANDL	
STREET ADDRESS	3560 S OCEAN BLVD, # 413	
CITY- ST- ZIP	PALM BEACH, FL 33480	

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	SANDI PARRIS	
STREET ADDRESS	3555 SO. OCEAN BLVD. # 413	
CITY- ST- ZIP	SO. PALM BEACH, FL 33480	
TITLE	V.P.	☐ Change ☐ Addition
NAME	SIDNEY SILVERMAN	
STREET ADDRESS	3560 SO OCEAN BLVD. #504	
CITY- ST- ZIP	SO. PALM BEACH, FL 33480	
TITLE	TREASURER	☐ Change ☒ Addition
NAME	DONALD YUNCK	
STREET ADDRESS	3560 SO. OCEAN BLVD. # 308	
CITY- ST- ZIP	SO. PALM BEACH, FL 33480	
TITLE	Sec. T.	☐ Change ☐ Addition
NAME	MARGARET MADOVE	
STREET ADDRESS	3560 SO. OCEAN BLVD. # 401	
CITY- ST- ZIP	SO. PALM BEACH, FL 33480	
TITLE	DIRECTORS - CATHERINE ANDREOLI	☐ Change ☒ Addition
NAME	3555 SO OCEAN BLVD. # 212	
STREET ADDRESS	SO PALM BEACH, FL 33480	
CITY- ST- ZIP		
TITLE	DIRECTOR - LEONARD LANDA	☐ Change ☒ Addition
NAME	3560 SO. OCEAN BLVD. # 603	
STREET ADDRESS	DIRECTOR - KAREN KORDACKI # 407	
CITY- ST- ZIP	SO PALM BEACH, FL 33480	

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.

SIGNATURE:

[Signature]

4-27-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date of Filing