

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N13344** (9)

1. Corporation Name

**TRUMP PLAZA OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.**



600001774736

-04/10/96--01010--006

\*\*\*61.25

Principal Place of Business: **525 SOUTH FLAGLER DR. W. PALM BEACH FL 33401-5925**  
Mailing Address: **525 SOUTH FLAGLER DR. W. PALM BEACH FL 33401-5925**

3. Date Incorporated or Qualified: **02/07/1986**  
3a. Date of Last Report: **04/03/1995**

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

4. FEI Number: **59-2466264**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**VALDES-FAULI COOPERATE SERVICES, INC.  
777 SOUTH FLAGLER DR., SUITE 500E  
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent  
81. Name: ~~Gunster, Oakley, Valdes-Fauli & Stewart~~  
82. Street Address: ~~Phillips Point, Suite 500 East~~  
83. City: ~~West Palm Beach, Florida~~  
84. State: ~~FL~~

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: *[Signature]*  
Signature, typed or printed name of registered agent, title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

| 12. OFFICERS AND DIRECTORS   |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
|--|--|--|
| TITLE: PD<br>NAME: CARPENTER, WILLIAM T<br>STREET ADDRESS: 525 SOUTH FLAGLER DRIVE<br>CITY-ST-ZIP: WEST PALM BEACH FL    | <input checked="" type="checkbox"/> DELETE | 1.1 TITLE: PD<br>1.2 NAME: Mountain, Charles T.<br>1.3 STREET ADDRESS: 525 South Flagler Drive<br>1.4 CITY-ST-ZIP: West Palm Beach, FL 33401 |
| TITLE: TD<br>NAME: MOUNTAIN, CHARLES T<br>STREET ADDRESS: 529 S. FLAGLER DR.<br>CITY-ST-ZIP: WEST PALM BEACH FL          | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE: TD<br>2.2 NAME: Ignatoff, Harold<br>2.3 STREET ADDRESS: 525 South Flagler Drive<br>2.4 CITY-ST-ZIP: West Palm Beach, FL 33401     |
| TITLE: SD<br>NAME: RUSTMANN, FREDRICK W JR<br>STREET ADDRESS: 525 SOUTH FLAGLER DRIVE<br>CITY-ST-ZIP: WEST PALM BEACH FL | <input checked="" type="checkbox"/> DELETE | 3.1 TITLE: SD<br>3.2 NAME: Lydon, Edward J<br>3.3 STREET ADDRESS: 525 South Flagler Drive<br>3.4 CITY-ST-ZIP: West Palm Beach, FL 33401      |
| TITLE: VPD<br>NAME: GREEN, JOHN F III<br>STREET ADDRESS: 525 SOUTH FLAGLER DRIVE<br>CITY-ST-ZIP: WEST PALM BEACH FL      | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE: VPD<br>4.2 NAME: Slater, James<br>4.3 STREET ADDRESS: 529 South Flagler Drive<br>4.4 CITY-ST-ZIP: West Palm Beach, FL 33401       |
| TITLE: D<br>NAME: RONAN, WILLIAM R<br>STREET ADDRESS: 529 S. FLAGLER DR.<br>CITY-ST-ZIP: WEST PALM BEACH FL              | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE: D<br>5.2 NAME: Racker, Mitchell<br>5.3 STREET ADDRESS: 529 South Flagler Drive<br>5.4 CITY-ST-ZIP: West Palm Beach, FL 33401      |
| TITLE: [Blank]<br>NAME: [Blank]<br>STREET ADDRESS: [Blank]<br>CITY-ST-ZIP: [Blank]                                       | <input type="checkbox"/> DELETE            | 6.1 TITLE: D<br>6.2 NAME: Rosenberg, Jason<br>6.3 STREET ADDRESS: 525 South Flagler Drive<br>6.4 CITY-ST-ZIP: West Palm Beach, FL 33401      |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *[Signature]* Treas. 1/24/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

*[Handwritten initials]*  
4-9-96