

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13344 (9)

1. Corporation Name
TRUMP PLAZA OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.

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

3. Date Incorporated or Qualified
02/07/1986

4. FEI Number 59-2466264	Applied For
	Not Applicable

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

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

CAPLAN, LOUIS
500 AUSTRALIAN AVENUE SOUTH
SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SLATER, JAMES	
STREET ADDRESS	252 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORNACCHIA, EILEEN J	
STREET ADDRESS	525 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KLEIN, JACK	
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	RACKER, MITCHELL	
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALZ, PETER	
STREET ADDRESS	525 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eileen F. Cornacchia	
1.3 STREET ADDRESS	529 South Flagler Drive	
1.4 CITY-ST-ZIP	West Palm Beach, Fl. 33401	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Frank L. Harrington, Jr.	
2.3 STREET ADDRESS	529 South Flagler Drive	
2.4 CITY-ST-ZIP	West Palm Beach, Fl. 33401	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jaqueline Abrams	
3.3 STREET ADDRESS	529 South Flagler Drive	
3.4 CITY-ST-ZIP	West Palm Beach, Fl. 33401	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John Reynolds	
4.3 STREET ADDRESS	529 South Flagler Drive	
4.4 CITY-ST-ZIP	West Palm Beach, Fl. 33401	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James Walsh	
5.3 STREET ADDRESS	529 South Flagler Drive	
5.4 CITY-ST-ZIP	West Palm Beach, Fl. 33401	
6.1 TITLE	A/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bruce D. Zelvin	
6.3 STREET ADDRESS	525 South Flagler Drive	
6.4 CITY-ST-ZIP	West Palm Beach Fl. 33401	

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, on an attachment with an address.

SIGNATURE: _____ **SIGNATURE** BRUCE D. ZELVIN **1/7/98** JBL-617-2115

CR2E037 (10/97)