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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N13344
 1. Corporation Name
TRUMP PLAZA OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.

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



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	02/07/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2466264
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAPLAN, LOUIS 500 AUSTRALIAN AVENUE SOUTH SUITE 600 WEST PALM BEACH FL 33401		81. Name	85. Zip Code
		82. Street Address (P.O. Box Number is Not Acceptable)	FL
		83.	
		84. City	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRINGTON, FRANK L. JR.	1.2 NAME	Harrington, Frank L. Jr.
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	1.3 STREET ADDRESS	529 South Flagler Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORNACCHIA, EILEEN J	2.2 NAME	Weinstock, Eleanor
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	2.3 STREET ADDRESS	525 South Flagler Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABRAMS, JACQUELINE	3.2 NAME	Abrams, Jacqueline
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	3.3 STREET ADDRESS	529 South Flagler Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JOHN	4.2 NAME	Mann, Walter
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	4.3 STREET ADDRESS	525 South Flagler Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JAMES	5.2 NAME	Reynolds, John
STREET ADDRESS	525 SOUTH FLAGLER DRIVE	5.3 STREET ADDRESS	529 South Flagler Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33401	5.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELVIN, BRUCE D.	6.2 NAME	Zelvin, Bruce D.
STREET ADDRESS	525 SOUTH FLAGLER DRIVE	6.3 STREET ADDRESS	525 South Flagler Dr.
CITY-ST-ZIP	WEST PALM BEACH FL 33401	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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bruce D. Zelvin DATE: 1/5/99 DAYTIME PHONE #: 561-655-2555

CR2E037 (11/98)