

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90232 001 \*\*\*\*61.25

**DOCUMENT # N13344**

1. Entity Name

**TRUMP PLAZA OF THE PALM BEACHES CONDOMINIUM ASSO**

Principal Place of Business

Mailing Address

525 SOUTH FLAGLER DR.  
 W. PALM BEACH FL 33401-5925

525 SOUTH FLAGLER DR.  
 W. PALM BEACH FL 33401-5922

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2466264**

Applied For

Not Applicable

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

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

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.

SIGNATURE CAPLAN LOUIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/11/2000

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	HARRINGTON, FRANK L. JR.	D
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEINSTOCK, ELEANOR	D
STREET ADDRESS	525 S. FLAGLER DR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ABRAMS, JACQUELINE	
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, JOHN	
STREET ADDRESS	529 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MANN, WALTER	
STREET ADDRESS	525 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ZELVIN, BRUCE D.	D
STREET ADDRESS	525 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harrington, Frank Jr.	
STREET ADDRESS	529 So. Flagler Dr.	
CITY-ST-ZIP	W.P.B. Fl 33401	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jucker, Joan D	
STREET ADDRESS	529 So. Flagler Dr.	
CITY-ST-ZIP	W.P.B. Fl 33401	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reynolds, John D	
STREET ADDRESS	529 So. Flagler Dr.	
CITY-ST-ZIP	W.P.B. Fl 33401	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ronan, Wm.	
STREET ADDRESS	529 So. Flagler Dr.	
CITY-ST-ZIP	W.P.B. Fl 33401	
TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	Same	
CITY-ST-ZIP	Same	

CR2E037 (9/99)

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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

DATE

Daytime Phone #