

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90137 019 ****70.00

DOCUMENT # N13344

1. Entity Name

TRUMP PLAZA OF THE PALM BEACHES CONDOMINIUM ASSO

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

ST. JOHN, DICKER, KRIVOK & CORE, P.A.
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

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

(NOTE: Registered Agent signature required when reinstating)

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: PD
 NAME: HARRINGTON, FRANK L. JR.
 STREET ADDRESS: 529 SOUTH FLAGLER DRIVE
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Delete

TITLE: PD
 NAME: Tucker, Joan D
 STREET ADDRESS: 529 South Flagler Dr
 CITY-ST-ZIP: West Palm Beach, FL 33401
 Change Addition

TITLE: VPD
 NAME: WEINSTOCK, ELEANOR
 STREET ADDRESS: 525 S. FLAGLER DR.
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: S
 NAME: TUCKER, JOAN D
 STREET ADDRESS: 529 SOUTH FLAGLER DRIVE
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Delete

TITLE: S
 NAME: Marshall, John
 STREET ADDRESS: 525 South Flagler Drive
 CITY-ST-ZIP: West Palm Beach, FL 33401
 Change Addition

TITLE: T
 NAME: REYNOLDS, JOHN
 STREET ADDRESS: 529 SOUTH FLAGLER DRIVE
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

TITLE: D
 NAME: RONAN, W M
 STREET ADDRESS: 529 S FLAGLER DR
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Delete

TITLE: D
 NAME: Levine, Richard
 STREET ADDRESS: 525 South Flagler Drive
 CITY-ST-ZIP: West Palm Beach, FL 33401
 Change Addition

TITLE: ASD
 NAME: ZELVIN, BRUCE D.
 STREET ADDRESS: 525 SOUTH FLAGLER DRIVE
 CITY-ST-ZIP: WEST PALM BEACH FL 33401
 Delete

TITLE: [Blank]
 NAME: [Blank]
 STREET ADDRESS: [Blank]
 CITY-ST-ZIP: [Blank]
 Change Addition

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-01 655-8631

Date

Daytime Phone #

270392

CR2E037 (10/00)