


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 8:00 am**  
**Secretary of State**

01-27-2005 90042 040 \*\*\*\*61.25

**DOCUMENT # N13344**

1. Entity 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**

40007217



01182005 No Chg-NP CR2E037 (10/03)

**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

**POLIAKOFF, BECKER PA  
 3111 STIRLING RD  
 FORT LAUDERDALE, FL 33312**

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**Filing Fee is \$61.25  
 Due by May 1, 2005**

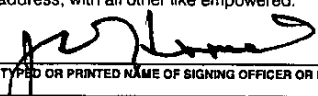
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERLINER, HAROLD 525 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOODMAN, DEAN 525 S FLAGLER DR WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARSHALL, JOHN 525 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERRICK, JOHN 529 S FLAGLER DR WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, JOHN N 829 S FLAGLER DR WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **1/24/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #