

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
Jun 27, 2006
Secretary of State**

DOCUMENT# N13344

Entity Name: TRUMP PLAZA OF THE PALM BEACHES CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**525 SOUTH FLAGLER DR.
W. PALM BEACH, FL 334015925**New Principal Place of Business:****Current Mailing Address:**525 SOUTH FLAGLER DR.
W. PALM BEACH, FL 334015925**New Mailing Address:**

FEI Number: 59-2466264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:POLIAKOFF, BECKER PA
3111 STIRLING RD
FORT LAUDERDALE, FL 33312 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: D () Delete
Name: HESCHES, LARRY
Address: 525 SOUTH FLAGLER DR SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401Title: VPD () Delete
Name: GOODMAN, DEAN
Address: 525 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401Title: S () Delete
Name: MARSHALL, JOHN
Address: 525 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401Title: TPD () Delete
Name: HERRICK, JOHN
Address: 529 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401Title: D () Delete
Name: OTTO, JOHN N
Address: 829 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: D (X) Change () Addition
Name: MESCHES, LARRY
Address: 525 SOUTH FLAGLER DR SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33401Title: P (X) Change () Addition
Name: GOODMAN, DEAN
Address: 525 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401Title: VP (X) Change () Addition
Name: SMITH, DONALD
Address: 525 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33401Title: T (X) Change () Addition
Name: MCNULTY, DALE
Address: 529 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401Title: S (X) Change () Addition
Name: OTTO, JOHN N
Address: 829 S FLAGLER DR
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN GOODMAN

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06/27/2006

Electronic Signature of Signing Officer or Director

Date