


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90006 020 ****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**

40020301



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02082007 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

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

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

DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MESCHES, LARRY	
STREET ADDRESS	525 SOUTH FLAGLER DR SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GOODMAN, DEAN	
STREET ADDRESS	525 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SMITH, DONALD	
STREET ADDRESS	525 SOUTH FLAGLER DRIVE	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCNULTY, DALE PRES	
STREET ADDRESS	529 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	OTTO, JOHN N	
STREET ADDRESS	829 S FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHEARLY SANTELL	
STREET ADDRESS	525 S. FLAGLER DR	
CITY-ST-ZIP	WPB - FL - 33401	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREG HALL FORD	
STREET ADDRESS	525 S. FLAGLER DR.	
CITY-ST-ZIP	WPB - FL - 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *DALE MCNULTY PRES* **14 FEB 2007** **655-2575**

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