

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90084 006 ****70.00

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

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

Zip

Country

Zip

Country

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
BECKER & POLIAKOFF, P.A.
Street Address (P.O. Box Number is Not Acceptable)
3111 STIRLING ROAD
City
FORT LAUDERDALE FL Zip Code
33312-6525

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 **GARY POLIAKOFF**

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

(NOTE: Registered Agent signature required when reinstating)

3/25/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BERLINER, HAROLD	525 SOUTH FLAGLER DRIVE	WEST PALM BEACH FL 33401	<input type="checkbox"/>
VPD	LEVINE, RICHARD	525 S. FLAGLER DR.	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
S	MARSHALL, JOHN	525 SOUTH FLAGLER DRIVE	WEST PALM BEACH FL 33401	<input type="checkbox"/>
T	REYNOLDS, JOHN	529 SOUTH FLAGLER DRIVE	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
D	NOCHBERG, RICHARD	525 SOUTH FLAGLER DRIVE	WEST PALM BEACH FL 33401	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
VPD	DEAN GOODMAN	525 So. FLAGLER DR	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
T	JOHN HERRICK	529 So. FLAGLER DR	WEST PALM BEACH, FL. 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	JOHN N. OTTO	529 So. FLAGLER DR	WEST PALM BEACH, FL. 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED**

3/18/03

561-832 8842

CR2E037 (10/02)