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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48117 (8)

1. Corporation Name
PLYMOUTH III CONDO ASSOCIATION, INC.



Principal Place of Business Mailing Address
13 PLYMOUTH A WEST PALM BEACH FL 33417-6731 US
13 PLYMOUTH A WEST PALM BEACH FL 33417-6731 US

3. Date Incorporated or Qualified
03/30/1992
4. FEI Number
59-1465245
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERNSTEIN, ALAN
5033 OKEECHOBEE BOULEVARD
WEST PALM BEACH FL 33417

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BASKIN, ARLENE	
STREET ADDRESS	PLYMOUTH D 31	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MIRSKY, MIRIAM	
STREET ADDRESS	PLYMOUTH A-13	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	HAYES, RUTH	
STREET ADDRESS	PLYMOUTH A 8	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RANEN, MARY	
STREET ADDRESS	PLYMOUTH A-12	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAFFE, IRMA	
1.3 STREET ADDRESS	34 PLYMOUTH D	
1.4 CITY-ST-ZIP	W. PALM BEACH FL 33417	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	13 PLYMOUTH A	
2.4 CITY-ST-ZIP	W. PALM BEACH FL 33417	
3.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	NUSSBAUM, JACOB	
3.3 STREET ADDRESS	440 PLYMOUTH E	
3.4 CITY-ST-ZIP	W. PALM BEACH FL 33417	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	12 PLYMOUTH A	
4.4 CITY-ST-ZIP	W. PALM BEACH FL 33417	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Miriam Mirsky REQUIRED 2/27/98 (561)686-0001

CR2E037 (10/97)