

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL 24 AM 8:21

DOCUMENT # 725380 (0)

1. Corporation Name
SOUTHPOINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
3400 3410 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308

Mailing Address
3400 3410 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/26/1973

3a. Date of Last Report
04/22/1994

4. FEI Number
59-1539624

Applied For
 Applied For
 Not Applicable

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**ROZEMA, ROBERT J. PRESIDENT
3400 GALT OCEAN DR
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

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)

GATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROZEMA, ROBERT J.
STREET ADDRESS	3400 GALT OCEAN DR
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	VD
NAME	ST. MARTIN, DUMOND
STREET ADDRESS	3400 GALT OCEAN DR
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	VD
NAME	SPATZ, THEODORE
STREET ADDRESS	3410 GALT OCEAN DR
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	TD
NAME	BAUM, MORRIS
STREET ADDRESS	3400 GALT OCEAN DR
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	ATD
NAME	GABRIELLE, RICHARD J.
STREET ADDRESS	3400 GALT OCEAN DRIVE
CITY - ST - ZIP	FT LAUDERDALE, FL 00000
TITLE	SD
NAME	SICHEL, MELVIN L.
STREET ADDRESS	3410 GALT OCEAN DR.
CITY - ST - ZIP	FT LAUDERDALE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Robert J. Rozema*

7/13/95 305-563-6353

CR2E037 (3/95)