

**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 725380**

1. Entity Name

**SOUTHPOINT CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90009 022 \*\*\*\*61.25

Principal Place of Business <b>3400 3410 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308</b>	Mailing Address <b>3400 3410 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1539624</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>ROZEMA, ROBERT J. PRESIDENT</b> <b>3400 GALT OCEAN DR</b> <b>FT. LAUDERDALE FL 33308</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>ROZEMA, ROBERT J.</b> <b>3400 GALT OCEAN DR</b> <b>FT LAUDERDALE, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>ST. MARTIN, DUMOND</b> <b>3400 GALT OCEAN DR</b> <b>FT LAUDERDALE, FL 00000</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SPATZ, THEODORE</b> <b>3410 GALT OCEAN DR</b> <b>FT LAUDERDALE, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>BAUM, MORRIS</b> <b>3400 GALT OCEAN DR</b> <b>FT LAUDERDALE, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ATD</b> <b>GABRIELLE, RICHARD J.</b> <b>3400 GALT OCEAN DRIVE</b> <b>FT LAUDERDALE, FL 00000</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GOLDSTEIN, JUDY M</b> <b>3410 GALT OCEAN DR</b> <b>FT LAUDERDALE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: SIC ROBERT J. ROZEMA Pres. 3/29/00 954-563-6353 Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)