2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2001 8:00 am Secretary of State **DOCUMENT # 725380** 1. Entity Name SOUTHPOINT CONDOMINIUM ASSOCIATION, INC. 03-27-2001 90029 033 ****61.25 Principal Place of Business Mailing Address 3400 3410 GALT OCEAN DRIVE 3400 3410 GALT OCEAN DRIVE FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-1539624 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROZEMA, ROBERT J. PRESIDENT 3400 GALT OCEAN DR FT. LAUDERDALE FL 33308 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. The Lois Ginsberra 13400 Galt Ocean Du PH.3 TITLE **\$**. ☐ Addition Change □ Delete TITLE ROZEMA, ROBERT J. NAME NAME Ft. Laudendale, Fl 33308 3400 GALT OCEAN DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE, FL 00000 Dinecton VD ☐ Change ☐ Addition ☐ Delete TITLE TITLE Mr. Michael Longo KRAUSS, HOWARD NAME NAME STREET ADDRESS 3410 GALT OCEAN DR STREET ADDRESS Fr. Laudendale, FORT LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP XX Addition VD Dinector TITLE TITLE Delete SPATZ, THEODORE NAME HS LONE FRENCH NAME 3410 Galt Ocean An. # 2009 3410 GALT OCEAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 FF. Laud **★** Addition TITLE ☐ Delete TITLE \mathbf{n} i weckov BAUM, MORRIS MR. Nico Minardos NAME STREET ADDRESS 3400 GALT OCEAN DR STREET ADDRESS 400 Galt CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE GABRIELLE, RICHARD J. NAME NAME STREET ADDRESS 3400 GALT OCEAN DRIVE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Detete TITLE PASTER, PATRICIA NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

3410 GALT OCEAN DR

FORT LAUDERDALE FL 33308

STREET ADDRESS

CITY-ST-ZIP

J. ROZEMA 3/14/