

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90015 034 \*\*\*\*61.25

**DOCUMENT # 725380**

1. Entity 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**

**64006317**



MOORE

CR2E037 (4/04)

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

**59-1539624**

Applied For

Not Applicable

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

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By September 8, 2004**

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 PD  
NAME ROZEMA, ROBERT J. ☐ Delete  
STREET ADDRESS 3400 GALT OCEAN DR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☒ Delete  
NAME BOND, REBECCA  
STREET ADDRESS 3400 GALT OCEAN DR #1110  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition  
NAME Patricia Pastor  
STREET ADDRESS 3410 Galt Ocean Dr # 305  
CITY-ST-ZIP Fort Laud FL 33308

TITLE S ☐ Delete  
NAME FRENCH, LORE  
STREET ADDRESS 3410 GULF OCEAN DR. #2009  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME BAUM, MORRIS  
STREET ADDRESS 3400 GALT OCEAN DR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME MOSKOWITZ, MURRAY  
STREET ADDRESS 3410 GULF OCEAN DR, #1404 N  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AT ☒ Delete  
NAME KRAUSS, HAROLD  
STREET ADDRESS 3410 GULF OCEAN DR, #303 N  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE ☒ Change ☐ Addition  
NAME Alan Zeldman  
STREET ADDRESS 3410 Galt Ocean DR # 2002  
CITY-ST-ZIP Fort Laud FL 33308

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/04 954-563-6353  
Date Daytime Phone #