

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90032 046 ****61.25

DOCUMENT # 725380
 1. Entity Name
SOUTHPOINT CONDOMINIUM ASSOCIATION, INC.



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

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/04)



6. Name and Address of Current Registered Agent
ROZEMA, ROBERT J. PRESIDENT
3400 GALT OCEAN DR
FT. LAUDERDALE FL 33308

4. FEI Number **59-1539624** Applied For Not Applicable

7. Name and Address of New Registered Agent
 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 *Robert J. Rozema* DATE **3/10/05**

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ROZEMA, ROBERT J.	
STREET ADDRESS	3400 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PASTOR, PATRICIA	
STREET ADDRESS	3410 GULF OCEAN DR # 305	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRENCH, LORE	
STREET ADDRESS	3410 GULF OCEAN DR. #2009	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAUM, MORRIS	
STREET ADDRESS	3400 GALT OCEAN DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOSKOWITZ, MURRAY	
STREET ADDRESS	3410 GULF OCEAN DR, #1404 N	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	AT	<input type="checkbox"/> Delete
NAME	ZELDMAN, ALAN	
STREET ADDRESS	3410 GULF OCEAN DR # 2002	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Glazer DR.	
STREET ADDRESS	3410 Galt Ocean # 1902	
CITY-ST-ZIP	Fort Laud. FL 33308	PD
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Galt	
STREET ADDRESS	Galt	
CITY-ST-ZIP	Galt	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT MORRIS BAUM	
STREET ADDRESS	3400 Galt Ocean DR # 1904	
CITY-ST-ZIP	FT. LAUD FL 33308	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Galt	
STREET ADDRESS	Galt	
CITY-ST-ZIP	Galt	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD Alan Zeldman	
STREET ADDRESS	3410 Galt Ocean DR # 2002	
CITY-ST-ZIP	FT. LAUD FL 33308	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: *Robert J. Rozema* **ROBERT J. ROZEMA** DATE **3/10/05** 954-563-6353