


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90344 003 \*\*\*\*61.25

|  |         |   |         |
|--|---------|---|---------|
| <b>DOCUMENT # 725380</b>   |         |  |         |
| 1. Entity Name<br><b>SOUTHPOINT CONDOMINIUM ASSOCIATION, INC.</b>                            |         |   |         |
| Principal Place of Business<br><b>3400 3410 GALT OCEAN DRIVE<br/>FT. LAUDERDALE FL 33308</b> |         | Mailing Address<br><b>3400 3410 GALT OCEAN DRIVE<br/>FT. LAUDERDALE FL 33308</b>  |         |
| 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 (10/05)

|  |  |   |  |
|--|--|---|--|
| 4. FEI Number<br><b>59-1539624</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent  |  | 7. Name and Address of New Registered Agent   |  |
| <b>ROZEMA, ROBERT J. <del>PRESIDENT</del></b><br><b>3400 GALT OCEAN DR</b><br><b>FT. LAUDERDALE FL 33308</b> |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert J. Rozema* DATE 4/7/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25</b><br><b>Due By May 1, 2006</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS                         |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PD<br>GLAZER, MARTIN<br>3410 GALT OCEAN #1902<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>PASTOR, PATRICIA<br>3410 GALT OCEAN #305<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <i>A.S.</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>FRENCH, LORE<br>3410 GALT OCEAN #2009<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | AT<br>BAUM, MORRIS<br>3410 GALT OCEAN DRIVE #1904<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <i>T</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>MOSKOWITZ, MURRAY<br>3410 GALT OCEAN #1404<br>FORT LAUDERDALE FL 33308 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <i>VP</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>JOSEPH GUGLIEMINI<br/>3410 GALT OCEAN DR 1704N<br/>FORT LAUDERDALE, FL 33308</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | AT<br>ZELDMAN, ALAN<br>3410 GALT OCEAN DRIVE #2002<br>FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* *3/20/06 958-5636353*