
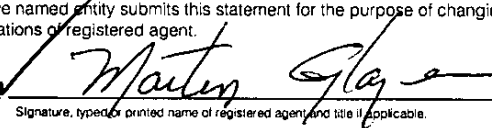
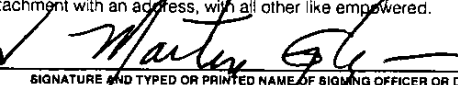


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90060 021 \*\*\*\*61.25

<b>DOCUMENT # 725380</b> 1. Entity Name <b>SOUTHPOINT CONDOMINIUM ASSOCIATION, INC.</b>					
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>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-1539624</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>ROZEMA, ROBERT J. PRESIDENT 3400 GALT OCEAN DR FT. LAUDERDALE, FL 33308</b>			7. Name and Address of New Registered Agent Name: <b>Martin Glazer Pres.</b> Street Address (P.O. Box Number is Not Applicable): <b>3410 Galt Ocean Dr</b> # <b>1902 N</b> City: <b>Fort Lauderdale FL</b> Zip Code: <b>33308</b>		
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					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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 Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GLAZER, MARTIN 3410 GALT OCEAN #1902 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Vatz, AT 3400 Galt Ocean Dr # 1202 Fort Lauderdale FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PASTOR, PATRICIA 3410 GALT OCEAN #305 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Walter Pagan, Director 3410 Galt Ocean Dr Fort Lauderdale FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRENCH, LORE 3410 GALT OCEAN #2009 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anthony Rapazzo Director 3410 Galt Ocean Dr # 204 Fort Lauderdale FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAUM, MORRIS 3410 GALT OCEAN DRIVE #1904 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	R. Gabrielle Director 2400 Galt Ocean Dr # 604 S FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOSKOWITZ, MURRAY 3410 GALT OCEAN #1404 FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director murray moskowitz 3410 Galt Ocean Drive # 1404 N Fort Lauderdale FL 33308	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUGLIMENT, JOSEPH 3410 GALT OCEAN DR 1704 N FORT LAUDERDALE, FL 33308		TITLE NAME STREET ADDRESS 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 Chapter 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: 			4/20/07 954-563-6353		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					